### Case 16-82377 Doc 1 Filed 10/11/16 Entered 10/11/16 10:01:33 Desc Main Document Page 1 of 66

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |  |
|-----|--|---|--|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                                      |
| 1.  | Your full name   |   |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Steffan First name  T. Middle name  Pila, Sr.  Last name and Suffix (Sr., Jr., II, III) | Deborah First name  A. Middle name  Pila  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or  |   |  |
|     | maiden names.  |   |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-8619   | xxx-xx-1314  |

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Debtor 1 Steffan T. Pila, Sr. Debtor 2 Deborah A. Pila

Case number (if known)

|   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|---|---|---|---|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |
| 5. Where you live   |   | 5919 Cobblestone Trail<br>McHenry, IL 60050   | If Debtor 2 lives at a different address:   |  |  |
|   |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |
|   |   | McHenry<br>County   | County  |  |  |
|   |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|   |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| 6.  | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |
|   |   |   |   |  |  |

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| _   | otor 1 Sterran 1. Pila, Si<br>otor 2 Deborah A. Pila  | -   |   |  | _   | Case number (if known)  |  |  |  |
|---|---|---|---|--|---|---|--|--|--|
| Par   | t 2: Tell the Court About   | Your Bank   | ruptcy Case   | e  |   |   |  |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |   |   |  |  |  |
|   | choosing to file under  | ☐ Chapt   | ☐ Chapter 7   |  |   |   |  |  |  |
|   |   | ☐ Chapt   | er 11:  |  |   |   |  |  |  |
|   |   | ☐ Chapt   | er 12   |  |   |   |  |  |  |
|   |   | ■ Chapt   | er 13   |  |   |   |  |  |  |
| 8.  | How you will pay the fee  | abo<br>ord<br>a p<br><b>☐ I ne</b>  | out how you<br>ler. If your at<br>re-printed ac<br>eed to pay the | may pay. Typically, if you are<br>torney is submitting your pay<br>ddress.<br>he fee in installments. If you | e paying the feet<br>ment on your but<br>to choose this o | heck with the clerk's office in your local court for more details a yourself, you may pay with cash, cashier's check, or money behalf, your attorney may pay with a credit card or check with option, sign and attach the <i>Application for Individuals to Pay</i> |  |  |  |
|   |   |   | Ü   | in Installments (Official Form   | ,   |   |  |  |  |
|   |   | but<br>app  | is not requir<br>olies to your                                    | red to, waive your fee, and managed family size and you are unab   | ay do so only it<br>le to pay the fe                      | otion only if you are filing for Chapter 7. By law, a judge may, f your income is less than 150% of the official poverty line that se in installments). If you choose this option, you must fill out Official Form 103B) and file it with your petition.            |  |  |  |
| 9. Have you filed for bankruptcy within the |   |   |   |  |   |   |  |  |  |
|   | last 8 years?   | ☐ Yes.  |   |  |   |   |  |  |  |
|   |   |   | District _  |  | When  | Case number   |  |  |  |
|   |   |   | District _  |  | When  | Case number   |  |  |  |
|   |   |   | District _  |  | When  | Case number   |  |  |  |
| 10.   | Are any bankruptcy cases pending or being   | ■ No  |   |  |   |   |  |  |  |
|   | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.  |   |  |   |   |  |  |  |
|   |   |   | Debtor _  |  |   | Relationship to you   |  |  |  |
|   |   |   | District _  |  | When  | Case number, if known   |  |  |  |
|   |   |   | Debtor _  |  |   | Relationship to you   |  |  |  |
|   |   |   | District _  |  | When  | Case number, if known   |  |  |  |
| 11.   | Do you rent your residence?   | ■ No.   | Go to line  | e 12.  |   |   |  |  |  |
|   | residence:  | ☐ Yes.  | Has your  | landlord obtained an eviction  | າ judgment aga  | ainst you and do you want to stay in your residence?  |  |  |  |
|   |   |   | □ N   | lo. Go to line 12.   |   |   |  |  |  |

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

bankruptcy petition.

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|      | tor 1 Steffan T. Pila, Sr.<br>tor 2 Deborah A. Pila   |                        | Case number (if known)  |  |  |  |
|------|---|------------------------|---|--|--|--|
|      |   |                        |   |  |  |  |
| Part | Report About Any Bu   | sinesses `             | You Own as a Sole Proprietor  |  |  |  |
| 12.  | 2. Are you a sole proprietor of any full- or part-time ■ No. Go to Part 4. business?  |                        |   |  |  |  |
|      |   | ☐ Yes.                 | Name and location of business   |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of business, if any  |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Number, Street, City, State & ZIP Code  |  |  |  |
|      | it to this petition.  |                        | Check the appropriate box to describe your business:  |  |  |  |
|      |   |                        | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|      |   |                        | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|      |   |                        | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |  |  |  |
|      |   |                        | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|      |   |                        | ☐ None of the above   |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate so. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of so, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .C. 1116(1)(B). |  |  |  |
|      | For a definition of small   | ■ No.                  | I am not filing under Chapter 11.   |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |
|      |   | ☐ Yes.                 | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |
| Part | t 4: Report if You Own or   | Have Any               | Hazardous Property or Any Property That Needs Immediate Attention   |  |  |  |
| 14.  | Do you own or have any  | No.                    |   |  |  |  |
|      | property that poses or is alleged to pose a threat  | ☐ Yes.                 |   |  |  |  |
|      | of imminent and   | <b>ப</b> 163.          | What is the hazard?   |  |  |  |
|      | identifiable hazard to public health or safety?   |                        |   |  |  |  |
|      | Or do you own any property that needs immediate attention?  |                        | If immediate attention is needed, why is it needed?   |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is the property?  Number, Street, City, State & Zip Code  |  |  |  |
|      |   |                        |   |  |  |  |

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Debtor 1 Steffan T. Pila, Sr.
Debtor 2 Deborah A. Pila Case number (if known)

# 15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-82377 Doc 1 Filed 10/11/16 Entered 10/11/16 10:01:33 Desc Main Document Page 6 of 66

|  | tor 1<br>tor 2  | Steffan T. Pila, Sr.<br>Deborah A. Pila   |   | Document   | Case nur   | nber (if known)   |  |  |  |
|--|---|---|---|--|--|---|--|--|--|
| Part   |   | Answer These Questi   | ons for Ren                                       | porting Purposes   |  |   |  |  |  |
|  |   | t kind of debts do  |   |  | ner dehts? Consumer dehts are                                | defined in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |
| 10.  |   | you have?   | iı  | individual primarily for a personal, family, or household purpose."  |  |   |  |  |  |
|  |   |   | _   | □ No. Go to line 16b.  |  |   |  |  |  |
|  |   |   |   | Yes. Go to line 17.  |  |   |  |  |  |
|  |   |   | 16b. <i>A</i>                                     | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |   |  |  |  |
|  |   |   | [   | ☐ No. Go to line 16c.  |  |   |  |  |  |
|  |   |   | [   | ☐ Yes. Go to line 17.  |  |   |  |  |  |
|  |   |   | 16c. S  | State the type of debts you owe that   | at are not consumer debts or busi                            | ness debts  |  |  |  |
| 17.  |   | ou filing under<br>oter 7?  | ■ No.   | am not filing under Chapter 7. Go  | to line 18.  |   |  |  |  |
|  | after   | Do you estimate that<br>after any exempt<br>property is excluded and<br>administrative expenses |   | am filing under Chapter 7. Do you<br>are paid that funds will be available   |  | property is excluded and administrative expenses ors?   |  |  |  |
|  | admi  |   | [   | □No  |  |   |  |  |  |
|  | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? | [   | ☐ Yes   |  |  |   |  |  |  |
|  |   | many Creditors do   | <b>■</b> 1-49                                     |  | ☐ 1,000-5,000  | ☐ 25,001-50,000   |  |  |  |
|  | you o   | estimate that you   | □ 50-99   |  | ☐ 5001-10,000<br>☐ 40,004,05,000                             | 50,001-100,000  |  |  |  |
|  |   |   | ☐ 100-199<br>☐ 200-999                            |  |  |   |  |  |  |
| 19.  |   | low much do you<br>stimate your assets to   | □ \$0 - \$50                                      | •  | \$1,000,001 - \$10 million                                   | □ \$500,000,001 - \$1 billion   |  |  |  |
|  |   | orth?   | □ \$50,001 - \$100,000<br>■ \$100,001 - \$500,000 |  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                         |  |  |  |
|  |   |   |   | 11 - \$1 million   | □ \$100,000,001 - \$500 million                              | ☐ More than \$50 billion  |  |  |  |
| 20.  |   | much do you<br>nate your liabilities  | □ \$0 - \$50                                      |  | □ \$1,000,001 - \$10 million                                 | □ \$500,000,001 - \$1 billion   |  |  |  |
|  | to be   |   | □ \$50,001 - \$100,000<br>■ \$100.001 - \$500.000 |  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                            |  |  |  |
|  |   |   | +,  | 11 - \$1 million   | □ \$100,000,001 - \$500 million                              | ☐ More than \$50 billion  |  |  |  |
| Part   | t <b>7</b> :  | Sign Below  |   |  |  |   |  |  |  |
| For  | you   |   | I have exar                                       | nined this petition, and I declare u   | nder penalty of perjury that the in                          | formation provided is true and correct.   |  |  |  |
|  |   |   |   |  |  | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.          |  |  |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |   |   |  |  |   |  |  |  |
|  |   |   | I request re                                      | lief in accordance with the chapte   | r of title 11, United States Code,                           | specified in this petition.   |  |  |  |
|  |   |   |   |  |  | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|  |   |   | /s/ Steffa  | n T. Pila, Sr.   | /s/ Deborah /  |   |  |  |  |
|  |   |   | Steffan T<br>Signature o                          |  | <b>Deborah A. F</b><br>Signature of De                       |   |  |  |  |
|  |   |   | Executed of                                       | October 11, 2016  MM / DD / YYYY   |  | October 11, 2016<br>MM / DD / YYYY  |  |  |  |

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|          | Steffan T. Pila, Sr.<br>Deborah A. Pila | Dodament | Case number (if known) | (if Impure) |
|----------|---|----------|------------------------|-------------|
| Debioi 2 | Deporali A. Fila                        |          |                        |             |
|          |   |          |                        |             |
|          |   |          |                        |             |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel /            | A. Springer            | Date          | October 11, 2016       |
|-------------------------|------------------------|---------------|------------------------|
| Signature of            | Attorney for Debtor    |               | MM / DD / YYYY         |
| Daniel A. S             | Springer               |               |                        |
| Springer L              | aw Firm                |               |                        |
| 2222 E Sta<br>Suite 107 | nte St                 |               |                        |
| Rockford,               | IL 61104               |               |                        |
|                         | City, State & ZIP Code |               |                        |
| Contact phone           | 815.312.4725           | Email address | dspringerlaw@gmail.com |
| 6314059                 |                        |               |                        |
| Bar number & S          | tate                   |               | <del></del>            |

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|                          | Docume   | ent Page 8 of 6   | 6   | •   |
|--------------------------|--|---|---|---|
| mation to identify your  | case:  |   |   |   |
| Steffan T. Pila, Sr      |  |   |   |   |
| First Name               | Middle Name  | Last Name   |   |   |
| Deborah A. Pila          |  |   |   |   |
| First Name               | Middle Name  | Last Name   |   |   |
| ankruptcy Court for the: | NORTHERN DISTRICT  | OF ILLINOIS   |   |   |
|                          |  |   |   |   |
|                          |  |   |   | Check if this is an amended filing  |
|                          | Steffan T. Pila, Sr<br>First Name<br>Deborah A. Pila<br>First Name | Steffan T. Pila, Sr.  First Name Middle Name  Deborah A. Pila  First Name Middle Name | Steffan T. Pila, Sr.  First Name Middle Name Last Name  Deborah A. Pila  First Name Middle Name Last Name | Steffan T. Pila, Sr.  First Name Middle Name Last Name  Deborah A. Pila  First Name Middle Name Last Name |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |   | Your a      | ssets<br>of what you own         |
|-----|---|-------------|----------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 160,010.00                       |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 15,498.83                        |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 175,508.83                       |
| Par | t 2: Summarize Your Liabilities   |             |                                  |
|     |   |             | i <b>abilities</b><br>at you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$          | 286,164.54                       |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$          | 0.00                             |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 23,475.27                        |
|     | Your total liabilities  | \$          | 309,639.81                       |
| Par | t 3: Summarize Your Income and Expenses   |             |                                  |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 4,890.37                         |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 3,664.00                         |
| Par | t 4: Answer These Questions for Administrative and Statistical Records  |             |                                  |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ır other sc | hedules.                         |
| 7.  | ■ Yes What kind of debt do you have?  |             |                                  |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal  | , family, or                     |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known)

Debtor 1 Steffan T. Pila, Sr. Document Page 9 of 66

Debtor 2

Deborah A. Pila

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,469.87

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | laim     |
|--|---------|----------|
| From Part 4 on Schedule E/F, copy the following:   |         |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 1,283.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 1,283.00 |

| DOCUMENT Page 10 of 66 If this filing:  Iddle Name Last Name  ERN DISTRICT OF ILLINOIS  Ist an asset only once. If an asset fits in more than one sible. If two married people are filing together, both are e sheet to this form. On the top of any additional pages,  Other Real Estate You Own or Have an Interest In in any residence, building, land, or similar property?  What is the property? Check all that apply  Single-family home  Duplex or multi-unit building Condominium or cooperative | Do not deduct secure the amount of any se   | or supplying correct  |
|---|---|---|
| ist an asset only once. If an asset fits in more than one sible. If two married people are filing together, both are e sheet to this form. On the top of any additional pages,  Other Real Estate You Own or Have an Interest In in any residence, building, land, or similar property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building   | Do not deduct secure the amount of any se   | amended filing  12/15  et in the category where you or supplying correct case number (if known).  |
| ist an asset only once. If an asset fits in more than one sible. If two married people are filing together, both are e sheet to this form. On the top of any additional pages,  Other Real Estate You Own or Have an Interest In in any residence, building, land, or similar property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building   | Do not deduct secure the amount of any se   | amended filing  12/15  et in the category where you or supplying correct case number (if known).  |
| ist an asset only once. If an asset fits in more than one sible. If two married people are filing together, both are e sheet to this form. On the top of any additional pages,  Other Real Estate You Own or Have an Interest In in any residence, building, land, or similar property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building   | Do not deduct secure the amount of any se   | amended filing  12/15  et in the category where you or supplying correct case number (if known).  |
| ist an asset only once. If an asset fits in more than one sible. If two married people are filing together, both are e sheet to this form. On the top of any additional pages, of Other Real Estate You Own or Have an Interest In in any residence, building, land, or similar property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building   | Do not deduct secure the amount of any se   | amended filing  12/15  et in the category where you or supplying correct case number (if known).  |
| ist an asset only once. If an asset fits in more than one sible. If two married people are filing together, both are e sheet to this form. On the top of any additional pages, of Other Real Estate You Own or Have an Interest In in any residence, building, land, or similar property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building   | Do not deduct secure the amount of any se   | amended filing  12/15  et in the category where you or supplying correct case number (if known).  |
| what is the property? Check all that apply  Single-family home  Duplex or multi-unit building   | Do not deduct secure the amount of any se   | amended filing  12/15  et in the category where you or supplying correct case number (if known).  |
| what is the property? Check all that apply  Single-family home  Duplex or multi-unit building   | Do not deduct secure the amount of any se   | 12/15 et in the category where you or supplying correct case number (if known).   |
| what is the property? Check all that apply  Single-family home  Duplex or multi-unit building   | the amount of any se  | ed claims or exemptions. Put  |
| Single-family home  Duplex or multi-unit building   | the amount of any se  | ed claims or exemptions. Put  |
| Condominium of cooperative  |   | cured claims on Schedule D:<br>Claims Secured by Property.  |
| ☐ Manufactured or mobile home ☐ Land  | Current value of the entire property?   | Current value of the portion you own?   |
| ☐ Investment property   | \$160,010.0   | · · ·   |
| ☐ Timeshare ☐ Other  Who has an interest in the property? Check one ☐ Debtor 1 only   |   | of your ownership interest<br>, tenancy by the entireties, o<br>wn.   |
| Debtor 2 only   |   |   |
| Debtor 1 and Debtor 2 only  | ☐ Check if this is  | community property  |
|   | m, such as local  |   |
|   | Under | Other  Who has an interest in the property? Check one Describe the nature (such as fee simple a life estate), if know Fee simple  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debto   |  | eborah A. Pila   | •  |  | ase number (if known)                                |   |
|---|--|--|--|--|--|---|
| Ca  | rs, vans,  | trucks, tractors   | s, sport utility ve  | hicles, motorcycles  |  |   |
| <b>□</b> 1  | No   |  |  |  |  |   |
| <b>•</b>  | <b>Yes</b>   |  |  |  |  |   |
| 3.1   | Make:  | Chevrolet  |  | Who has an interest in the property? Check one   | Do not deduct secured cl                             |   |
| J. 1  | Model:   | Impala   |  | Debtor 1 only  | the amount of any secure                             | ed claims on Schedule D: ims Secured by Property.                                 |
|   | Year:  | 2011   |  | Debtor 2 only  |  | , , ,   |
|   | Approxin   | nate mileage:  | 103,000  | ■ Debtor 1 and Debtor 2 only   | Current value of the<br>entire property?             | Current value of the<br>portion you own?  |
|   |  | ormation:  | <u> </u>   | ☐ At least one of the debtors and another  | ciliio proporty :                                    | portion you oiiii.  |
|   |  |  |  |  |  |   |
|   |  |  |  | ☐ Check if this is community property (see instructions)   | \$8,600.00   | \$8,600.0   |
| 3.2   | Make:  | Ford   |  | Who has an interest in the property? Check one   | Do not deduct secured cl                             |   |
|   | Model:   | Taurus   |  | Debtor 1 only  | the amount of any secure<br>Creditors Who Have Clair | ims Secured by Property.  |
|   | Year:  | 2000   |  | Debtor 2 only  | Current value of the                                 |   |
|   | Approxir   | nate mileage:  | 210,000  | ■ Debtor 1 and Debtor 2 only   | Current value of the entire property?                | Current value of the<br>portion you own?  |
|   | Other inf  | ormation:  |  | ☐ At least one of the debtors and another  |  |   |
|   |  |  |  | _  | A4 475 00  | <b>04.475.0</b>   |
|   |  |  |  | ☐ Check if this is community property (see instructions)   | \$1,175.00   | \$1,175.0   |
|   | mples: B   |  |  | d other recreational vehicles, other vehicles, ar<br>tercraft, fishing vessels, snowmobiles, motorcycle  |  |   |
| Exa   | imples: B<br>No<br>Yes   | oats, trailers, mo   | etors, personal wa   | n for all of your entries from Part 2, including a   | accessories ny entries for                           | \$9.775.00  |
| Exa   | imples: B<br>No<br>Yes   | oats, trailers, mo   | etors, personal wa   | tercraft, fishing vessels, snowmobiles, motorcycle   | accessories ny entries for                           | \$9,775.00  |
| Exa   | mples: B No Yes Id the do ges you : Descri                             | oats, trailers, mo<br>ollar value of the<br>have attached f<br>be Your Personal  | e portion you ow<br>for Part 2. Write to<br>and Household Ite                          | n for all of your entries from Part 2, including a that number here  | ny entries for                                       |   |
| Accordance | mples: B No Yes Id the do ges you : Descri                             | oats, trailers, mo<br>ollar value of the<br>have attached f<br>be Your Personal  | e portion you ow<br>for Part 2. Write to<br>and Household Ite                          | n for all of your entries from Part 2, including a   | ny entries for                                       | Current value of the portion you own?   |
| Acceptant 3   | mples: B No Yes  dd the dd ges you  Descri Du own d usehold amples: No | oats, trailers, mo<br>ollar value of the<br>have attached to<br>be Your Personal<br>or have any lega<br>goods and furn<br>Major appliances | e portion you ow<br>for Part 2. Write t<br>and Household Ite<br>Il or equitable int    | n for all of your entries from Part 2, including a that number here  | ny entries for                                       | Current value of the portion you own? Do not deduct secured                       |
| Acceptant 3 o your House  | mples: B No Yes  dd the dd ges you  Descri Du own d usehold amples: No | oats, trailers, mo   | e portion you ow<br>for Part 2. Write t<br>and Household Ite<br>Il or equitable int    | n for all of your entries from Part 2, including a that number hereems   | ny entries for                                       | Current value of the portion you own? Do not deduct secured                       |
| Acceptant 3   | mples: B No Yes  dd the dd ges you  Descri Du own d usehold amples: No | oats, trailers, mo   | e portion you ow<br>for Part 2. Write to<br>and Household Ite<br>all or equitable into | n for all of your entries from Part 2, including a that number hereems   | ny entries for                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Acc.pa  | mples: B   | oats, trailers, mo   | e portion you ow<br>for Part 2. Write to<br>and Household Ite<br>all or equitable into | In for all of your entries from Part 2, including a that number hereems  terest in any of the following items?   | ny entries for                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Acc. pa   | mples: B No Yes Description own of usehold tamples: No Yes. De         | oats, trailers, mo   | e portion you ow<br>for Part 2. Write to<br>and Household Ite<br>all or equitable into | In for all of your entries from Part 2, including a that number hereems  terest in any of the following items?  ds & Furniture  eo, stereo, and digital equipment; computers, printe | ny entries for                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Acc.pa  | mples: B No Yes Description own of usehold tamples: No Yes. De         | oats, trailers, mo   | e portion you ow<br>for Part 2. Write to<br>and Household Ite<br>all or equitable into | In for all of your entries from Part 2, including a that number hereems  terest in any of the following items?  ds & Furniture  eo, stereo, and digital equipment; computers, printe | ny entries for                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |

other collections, memorabilia, collectibles

☐ No

Case 16-82377 Doc 1 Filed 10/11/16 Entered 10/11/16 10:01:33 Desc Main Document Page 12 of 66 Steffan T. Pila, Sr. Debtor 1 Debtor 2 Deborah A. Pila Case number (if known) Yes. Describe..... **Books, Pictures** \$50.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$100.00 **Used Clothing** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Costume Jewelry \$250.00 \$2,000.00 Gold Crosses, Coins, Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... 1 Dog \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,600.00 for Part 3. Write that number here .....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ No

☐ Yes.....

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| Debtor 2 Deborah                                      | n A. Pila  | Case number (if know   | <i>(</i> n)                      |
|---|--|--|----------------------------------|
|   | ng, savings, or other financia   | al accounts; certificates of deposit; shares in credit unions, brokerage counts with the same institution, list each.  | ge houses, and other similar     |
| Yes   |  | Institution name:  |                                  |
|   | 17.1. Checking   | Woodforest Bank  | \$0.00                           |
|   | 17.2. Checking   | Woodforest Bank  | \$20.00                          |
|   | 17.3. Checking   | US Bank  | \$3.83                           |
|   | nds, or publicly traded stounds, investment accounts w                 | cks<br>vith brokerage firms, money market accounts   |                                  |
| ■ No □ Yes  | Institution or i   | ssuer name:  |                                  |
|   | ed stock and interests in ir   | ncorporated and unincorporated businesses, including an inte   | rest in an LLC, partnership, and |
| ■ No  | fic information about them<br>Name of entity:                          |  |                                  |
| Negotiable instrun<br>Non-negotiable ins<br>■ No      | <i>nent</i> s include personal check                                   | r negotiable and non-negotiable instruments ss, cashiers' checks, promissory notes, and money orders. not transfer to someone by signing or delivering them. |                                  |
| 21. Retirement or per<br>Examples: Interes<br>■ No    |  | 1(k), 403(b), thrift savings accounts, or other pension or profit-shari  | ng plans                         |
| ☐ Yes. List each ac                                   | ccount separately.  Type of account:                                   | Institution name:  |                                  |
| Examples: Agreen                                      | inused deposits you have ma  | ade so that you may continue service or use from a company<br>I rent, public utilities (electric, gas, water), telecommunications com                        | panies, or others                |
| ■ No<br>□ Yes   |  | Institution name or individual:  |                                  |
| 23. <b>Annuities</b> (A contr                         | act for a periodic payment of  | f money to you, either for life or for a number of years)  |                                  |
| ☐ Yes   | Issuer name and descript   | ion.   |                                  |
|   | (1), 529A(b), and 529(b)(1).   | in a qualified ABLE program, or under a qualified state tuition  | program.                         |
| ☐ Yes   | Institution name and desc  | cription. Separately file the records of any interests.11 U.S.C. § 521   | (c):                             |
| ■ No  | or future interests in properties in properties information about them | erty (other than anything listed in line 1), and rights or powers o  | exercisable for your benefit     |
| 26. <b>Patents, copyrigh</b> <i>Examples:</i> Interne | ts, trademarks, trade secre  | ets, and other intellectual property proceeds from royalties and licensing agreements  |                                  |
| ■ No □ Yes. Give specificial Form 106A/B              | fic information about them   | Schedule A/B: Property   | page                             |

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Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Case 16-82377 Doc 1 Filed 10/11/16 Entered 10/11/16 10:01:33 Desc Main Document Page 15 of 66 Steffan T. Pila, Sr. Debtor 1 Debtor 2 Case number (if known) Deborah A. Pila 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$160,010.00 56. Part 2: Total vehicles, line 5 \$9,775.00 57. Part 3: Total personal and household items, line 15 \$4,600.00 Part 4: Total financial assets, line 36 58. \$1,123.83 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$15,498.83 Copy personal property total \$15,498.83

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$175,508.83

Official Form 106A/B Schedule A/B: Property page 6

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|   |                          | 17/7/11/11        | 3.0 1.000. 107.01.007 |  |  |  |
|---|--------------------------|-------------------|-----------------------|--|--|--|
| Fill in this information to identify your case: |                          |                   |                       |  |  |  |
| Debtor 1  | Steffan T. Pila, Sı      | r.                |                       |  |  |  |
|   | First Name               | Middle Name       | Last Name             |  |  |  |
| Debtor 2  | Deborah A. Pila          |                   |                       |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name             |  |  |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS           |  |  |  |
| Case number                                     |                          |                   |                       |  |  |  |
| (if known)                                      |                          |                   |                       |  |  |  |
|   |                          |                   |                       |  |  |  |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exempt | tions are you claiming | ? Check one only | , even if your | spouse is filing | g with yo | u. |
|----|---------------------|------------------------|------------------|----------------|------------------|-----------|----|
|----|---------------------|------------------------|------------------|----------------|------------------|-----------|----|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amount of the exemption you claim  |   | Specific laws that allow exemption   |
|--------------------------------------|------------------------------------|---|--|
| Copy the value from<br>Schedule A/B  | Che                                | ck only one box for each exemption.                             |  |
| \$160,010.00                         |                                    | \$30,000.00   | 735 ILCS 5/12-901  |
|                                      |                                    | 100% of fair market value, up to any applicable statutory limit |  |
| \$8,600.00                           |                                    | \$2,400.00  | 735 ILCS 5/12-1001(c)  |
|                                      |                                    | 100% of fair market value, up to any applicable statutory limit |  |
| \$1,175.00                           |                                    | \$2,400.00  | 735 ILCS 5/12-1001(c)  |
|                                      |                                    | 100% of fair market value, up to any applicable statutory limit |  |
| \$2,000.00                           |                                    | \$2,000.00  | 735 ILCS 5/12-1001(b)  |
|                                      |                                    | 100% of fair market value, up to any applicable statutory limit |  |
| \$200.00                             |                                    | \$200.00  | 735 ILCS 5/12-1001(b)  |
|                                      |                                    | 100% of fair market value, up to any applicable statutory limit |  |
|                                      | \$160,010.00 \$1,175.00 \$2,000.00 | \$1,175.00 \$2,000.00 \$\$2,000.00 \$\$200.00                   | \$160,010.00  \$160,010.00  \$160,010.00  \$100% of fair market value, up to any applicable statutory limit  \$1,175.00  \$100% of fair market value, up to any applicable statutory limit  \$2,400.00  \$2,400.00  \$2,400.00  \$2,400.00  \$2,400.00  \$2,400.00  \$2,400.00  \$2,400.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00 |

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Steffan T. Pila, Sr. Debtor 1 Deborah A. Pila Case number (if known) Debtor 2 Current value of the Brief description of the property and line on Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Books, Pictures** 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit **Used Clothing** 735 ILCS 5/12-1001(a) \$100.00 \$100.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Costume Jewelry** 735 ILCS 5/12-1001(b) \$250.00 \$250.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Gold Crosses, Coins, Jewelry 735 ILCS 5/12-1001(b) \$2,000.00 \$2,000.00 Line from Schedule A/B: 12.2 100% of fair market value, up to any applicable statutory limit **Checking: Woodforest Bank** 735 ILCS 5/12-1001(b) \$20.00 \$20.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Checking: US Bank 735 ILCS 5/12-1001(b) \$3.83 \$3.83 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit ReliaStar 735 ILCS 5/12-1001(f) 100% \$1,100.00 Beneficiary: Steffan Pila Line from Schedule A/B: 31.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

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|   |               | Document Pa   | age 18 c      | ot 66  |  |                             |
|---|---------------|---|---------------|--|--|-----------------------------|
| Fill in this information to ide                                 | ntify your    | case:   |               |  |  |                             |
| Debtor 1 Steffan 7  | Γ. Pila, S    |   | t Name        |  | -  |                             |
|   | A D:I-        | Middle Name Last  | t Name        |  |  |                             |
| Debtor 2  (Spouse if, filing)  Deborah  First Name              | A. Pila       | Middle Name Last  | t Name        |  | -  |                             |
| United States Bankruptcy Cou                                    | rt for the:   | NORTHERN DISTRICT OF ILLINOI  | S             |  |  |                             |
|   |               |   |               |  | -  |                             |
| Case number (if known)  |               |   |               |  | _  | if this is an<br>ded filing |
| Official Form 106D  |               |   |               |  |  |                             |
|   | l! <b>.</b>   | What Have Claims Ca   | ا امیدی       | b Duo  |  |                             |
| Schedule D: Cred  | litors        | Who Have Claims Sec   | <u>curea</u>  | by Propert   | <u>y                                    </u>       | 12/15                       |
|   |               | two married people are filing together, bout, number the entries, and attach it to this   |               |  |  |                             |
| 1. Do any creditors have claims s                               | ecured by     | vour property?  |               |  |  |                             |
| `   |               | s form to the court with your other sche  | dules You     | have nothing else t                                    | to report on this form                             |                             |
| <u>_</u>  |               | •   | duico. Tod    | nave nothing clock                                     | to report on this form.                            |                             |
| Yes. Fill in all of the info                                    |               | eiow.   |               |  |  |                             |
| Part 1: List All Secured Cl                                     | aims          |   |               | Column A   | Column B   | Column C                    |
| for each claim. If more than one cr                             | reditor has a | ore than one secured claim, list the creditor s<br>a particular claim, list the other creditors in Pa<br>al order according to the creditor's name. |               | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion           |
| 2.1 B&B Jewelry & Pawr  | 1             | Describe the property that secures the cl   | aim:          | \$815.00   | \$2,000.00   | \$0.00                      |
| Creditor's Name   |               | Gold Crosses, Coins, Jewelry  |               | · .  |  | ·                           |
|   |               | , , ,   |               |  |  |                             |
| 4005 Kane Avenue, S   | Suite         | As of the date you file, the claim is: Check  | all that      |  |  |                             |
| K   |               | apply.  | all triat     |  |  |                             |
| McHenry, IL 60050   |               | Contingent  |               |  |  |                             |
| Number, Street, City, State & Zip                               |               | Unliquidated  |               |  |  |                             |
| Who owes the debt? Check one                                    |               | ☐ Disputed  Nature of lien. Check all that apply.   |               |  |  |                             |
| Debtor 1 only   | <b>;.</b>     | _   |               |  |  |                             |
| Debtor 2 only   |               | <ul> <li>An agreement you made (such as mortga<br/>car loan)</li> </ul>   | age or secure | ed   |  |                             |
|   |               | ☐ Statutory lien (such as tax lien, mechanic  | r's lien)     |  |  |                             |
| ■ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and |               | ☐ Judgment lien from a lawsuit  | 73 liCit)     |  |  |                             |
| ☐ Check if this claim relates to                                |               | Other (including a right to offset)   |               |  |  |                             |
| community debt  | a             | Other (including a right to onset)  |               |  |  |                             |
| Date debt was incurred  |               | Last 4 digits of account number   |               |  |  |                             |
| Date debt was incurred  |               | Last 4 digits of account number   |               |  |  |                             |
| Boone Creek   |               |   |               |  |  |                             |
| 2.2 Homeowners  |               |   |               |  |  |                             |
| Association   |               | Describe the property that secures the cl   | aim:          | \$1,200.00   | \$160,010.00                                       | \$1,200.00                  |
| Creditor's Name   |               | 5919 Cobblestone Trail McHenry  | /, IL         |  |  |                             |
| c/o Vanguard Comm   | unity         | 60050 McHenry County  |               |  |  |                             |
| Management 50 East Commerce D                                   | rivo          | As of the date you file, the claim is: Check  | all that      |  |  |                             |
| #110  |               | apply.  |               |  |  |                             |
| Schaumburg, IL 6017   | 73            | ☐ Contingent  |               |  |  |                             |
| Number, Street, City, State & Zip                               | Code          | ☐ Unliquidated  |               |  |  |                             |
|   |               | ☐ Disputed  |               |  |  |                             |
| Who owes the debt? Check one                                    |               | Nature of lien. Check all that apply.   |               |  |  |                             |
| Debtor 1 only   |               | An agreement you made (such as mortg  | age or secure | ed   |  |                             |
| Debtor 2 only   |               | car loan)   |               |  |  |                             |
| Debtor 1 and Debtor 2 only                                      |               | Statutory lien (such as tax lien, mechanic  | c's lien)     |  |  |                             |
| At least one of the debtors and                                 |               | Judgment lien from a lawsuit  |               |  |  |                             |
| ☐ Check if this claim relates to                                | a             | ☐ Other (including a right to offset)   |               |  |  |                             |

community debt

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| Debtor 1 Steffan T. Pila, Sr.   |   | Case number (if know) |              |                   |  |  |
|---|---|-----------------------|--------------|-------------------|--|--|
| First Name Middle N   |   | ,                     |              |                   |  |  |
| Debtor 2 Deborah A. Pila First Name Middle N                            | lame Last Name  |                       |              |                   |  |  |
| That Name Windard N   | Lust Hamb   |                       |              |                   |  |  |
| Date debt was incurred  | Last 4 digits of account number   |                       |              |                   |  |  |
| 2.3 Chase Auto Finance  | Describe the property that secures the claim:                                     | \$13,224.48           | \$8,600.00   | \$4,624.48        |  |  |
| Creditor's Name   | 2011 Chevrolet Impala 103,000 miles   | ψ13,224.40            | φο,ουσ.συ    | <b>ψ4,024.40</b>  |  |  |
|   |   |                       |              |                   |  |  |
| PO Box 901076   | As of the date you file, the claim is: Check all that                             |                       |              |                   |  |  |
| Fort Worth, TX 76101  | apply.<br>□ Contingent  |                       |              |                   |  |  |
| Number, Street, City, State & Zip Code                                  | ☐ Unliquidated  |                       |              |                   |  |  |
|   | ☐ Disputed  |                       |              |                   |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                       |              |                   |  |  |
| ☐ Debtor 1 only   | An agreement you made (such as mortgage or sec                                    | cured                 |              |                   |  |  |
| Debtor 2 only   | car loan)  Statutory lien (such as tax lien, mechanic's lien)                     |                       |              |                   |  |  |
| ■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another | ☐ Judgment lien from a lawsuit  |                       |              |                   |  |  |
| ☐ Check if this claim relates to a                                      | ☐ Other (including a right to offset)   |                       |              |                   |  |  |
| community debt  |   |                       |              |                   |  |  |
| Date debt was incurred  | Last 4 digits of account number   |                       |              |                   |  |  |
| O. A. Ulaimbia Einamaa Oama   | B   | <b>\$0.505.00</b>     | \$400.040.00 | <b>\$0.505.00</b> |  |  |
| 2.4 Heights Finance Corp.  Creditor's Name                              | Describe the property that secures the claim:  5919 Cobblestone Trail McHenry, IL | \$2,525.06            | \$160,010.00 | \$2,525.06        |  |  |
| Attn: Bankruptcy Dept.  | 60050 McHenry County  |                       |              |                   |  |  |
| 7707 N. Knoxville Ave   | As of the date you file, the claim is: Check all that                             |                       |              |                   |  |  |
| #201  | apply.  |                       |              |                   |  |  |
| Peoria, IL 61614  | Contingent  |                       |              |                   |  |  |
| Number, Street, City, State & Zip Code                                  | ☐ Unliquidated ☐ Disputed   |                       |              |                   |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                       |              |                   |  |  |
| ☐ Debtor 1 only   | ☐ An agreement you made (such as mortgage or sec                                  | cured                 |              |                   |  |  |
| Debtor 2 only   | car loan)   |                       |              |                   |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)                              |                       |              |                   |  |  |
| ☐ At least one of the debtors and another                               | Judgment lien from a lawsuit  |                       |              |                   |  |  |
| Check if this claim relates to a  | Other (including a right to offset)   |                       |              |                   |  |  |
| community debt  |   |                       |              |                   |  |  |
| Date debt was incurred  | Last 4 digits of account number   |                       |              |                   |  |  |
| 2.5 Midwest Title Loans   | Describe the property that secures the claim:                                     | \$400.00              | \$1,175.00   | \$0.00            |  |  |
| Creditor's Name   | 2000 Ford Taurus 210,000 miles  |                       |              |                   |  |  |
|   |   |                       |              |                   |  |  |
| 5203 N. 2nd Street  | As of the date you file, the claim is: Check all that                             |                       |              |                   |  |  |
| Loves Park, IL 61111  | apply.<br>□ Contingent  |                       |              |                   |  |  |
| Number, Street, City, State & Zip Code                                  | ☐ Unliquidated  |                       |              |                   |  |  |
|   | ☐ Disputed  |                       |              |                   |  |  |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |                       |              |                   |  |  |
| Debtor 1 only   | An agreement you made (such as mortgage or sec                                    | cured                 |              |                   |  |  |
| Debtor 2 only   | car loan)  Statutory lien (such as tax lien, mechanic's lien)                     |                       |              |                   |  |  |
| ■ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another | ☐ Judgment lien from a lawsuit  |                       |              |                   |  |  |
| ☐ Check if this claim relates to a                                      | ☐ Other (including a right to offset)   |                       |              |                   |  |  |
| community debt  |   |                       |              |                   |  |  |
| Date debt was incurred  | Last 4 digits of account number   |                       |              |                   |  |  |

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| Debtor 1 Steffan T. Pila, Sr.                                 |   | Case number (if know)             |                           |              |
|---|---|-----------------------------------|---------------------------|--------------|
| First Name Middle N   | ame Last Name   |                                   |                           |              |
| Debtor 2 Deborah A. Pila                                      |   |                                   |                           |              |
| First Name Middle N   | ame Last Name   |                                   |                           |              |
| 2.6 PNC Mortgage  | Describe the property that secures the claim:   | \$268,000.00                      | \$160,010.00              | \$107,990.00 |
| Creditor's Name   | 5919 Cobblestone Trail McHenry, IL<br>60050 McHenry County  |                                   |                           |              |
| PO Box 1820<br>Dayton, OH 45401                               | As of the date you file, the claim is: Check all tha apply.  Contingent   | _J<br>t                           |                           |              |
| Number, Street, City, State & Zip Code                        | ☐ Unliquidated  |                                   |                           |              |
| Who owes the debt? Check one.                                 | Disputed  Nature of lien. Check all that apply.   |                                   |                           |              |
| ☐ Debtor 1 only ☐ Debtor 2 only                               | An agreement you made (such as mortgage o car loan)   | r secured                         |                           |              |
| ■ Debtor 1 and Debtor 2 only                                  | ☐ Statutory lien (such as tax lien, mechanic's lier   | n)                                |                           |              |
| ☐ At least one of the debtors and another                     | ☐ Judgment lien from a lawsuit  |                                   |                           |              |
| ☐ Check if this claim relates to a community debt             | Other (including a right to offset)   |                                   |                           |              |
| Date debt was incurred  | Last 4 digits of account number   |                                   |                           |              |
| Add the deller value of value antice in O                     | alium A an this man Maite that much a harry   | <b>\$200.404</b>                  | F4                        |              |
| If this is the last page of your form, add                    | olumn A on this page. Write that number here:   | \$286,164.                        |                           |              |
| Write that number here:                                       | o uo va.uo totalo ironi ali pagooi  | \$286,164.                        | 54                        |              |
| Part 2: List Others to Be Notified fo                         | r a Debt That You Already Listed  |                                   |                           |              |
| trying to collect from you for a debt you o                   | e notified about your bankruptcy for a debt that<br>we to someone else, list the creditor in Part 1, a<br>you listed in Part 1, list the additional creditors<br>is page. | nd then list the collection ager  | ncy here. Similarly, if y | ou have more |
| Name, Number, Street, City, State & Freedman, Anselmo, Lindb  | . 011   | which line in Part 1 did you ente | r the creditor? 2.6       |              |
| 1771 West Diehl Road, Suit<br>Naperville, IL 60563            | 450   | st 4 digits of account number     |                           |              |
| Name, Number, Street, City, State & McHenry County Circuit Co | . 011   | which line in Part 1 did you ente | r the creditor? 2.6       |              |
| 2200 N Seminary Ave<br>2014 CH 792<br>Woodstock, IL 60098     |   | st 4 digits of account number     |                           |              |

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|  | 0430 10 02077 200 1   | Document   | Page 21 of 66   | JCSO MAIN  |
|--|---|--|---|--|
| Fill in  | this information to identify your case:   |  |   |  |
| Debto  | r 1 Steffan T. Pila, Sr.  |  |   |  |
|  |   | liddle Name  | Last Name   |  |
| Debto  | 2000.4.17.1.1.4   |  |   |  |
| (Spouse  | if, filing) First Name N  | liddle Name  | Last Name   |  |
| United   | States Bankruptcy Court for the: NORT   | HERN DISTRICT OF ILL   | INOIS   |  |
| Case r   | number<br>n)  |  | С   | Check if this is an amended filing   |
|  | ial Form 106E/F<br>edule E/F: Creditors Who H   | ave Unsecured  | Claims  | 12/15  |
| any exe<br>Schedu<br>Schedu<br>left. Atta<br>name ai | ecutory contracts or unexpired leases that coulle G: Executory Contracts and Unexpired Lease le D: Creditors Who Have Claims Secured by lach the Continuation Page to this page. If you not case number (if known). | Id result in a claim. Also li<br>ses (Official Form 106G). D<br>Property. If more space is r<br>have no information to rep | Y claims and Part 2 for creditors with NONPRIORITY<br>st executory contracts on Schedule A/B: Property (0<br>o not include any creditors with partially secured classed, copy the Part you need, fill it out, number the<br>ort in a Part, do not file that Part. On the top of any | Official Form 106A/B) and on aims that are listed in e entries in the boxes on the |
| Part 1   |   |  |   |  |
|  | any creditors have priority unsecured claims  | against you?   |   |  |
|  | No. Go to Part 2.   |  |   |  |
|  | Yes.  |  |   |  |
| Part 2   | List All of Your NONPRIORITY Unse   | cured Claims   |   |  |
| 3. Do  | any creditors have nonpriority unsecured cla  | ims against you?   |   |  |
|  | No. You have nothing to report in this part. Subm   | nit this form to the court with  | our other schedules.  |  |
|  | Yes.  |  |   |  |
| uns<br>tha   | secured claim, list the creditor separately for each  | claim. For each claim listed,  | e creditor who holds each claim. If a creditor has mor<br>identify what type of claim it is. Do not list claims alread<br>ave more than three nonpriority unsecured claims fill ou  | ly included in Part 1. If more   |
|  |   |  |   | Total claim  |
| 4.1  | Advocate Good Shepherd Hospita  | Last 4 digits of acco  | ount number   | \$3,099.69   |
|  | Nonpriority Creditor's Name<br>2701 High Point Drive, Suite 124<br>Lewisville, TX 75067   | When was the debt  | incurred?   |  |
|  | Number Street City State Zlp Code   | As of the date you f   | ile, the claim is: Check all that apply   |  |
|  | Who incurred the debt? Check one.   |  |   |  |
|  | Debtor 1 only   | ☐ Contingent   |   |  |
|  | Debtor 2 only   | ☐ Unliquidated   |   |  |
|  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |  |
|  | ☐ At least one of the debtors and another   | Type of NONPRIOR   | ITY unsecured claim:  |  |
|  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |  |
|  | debt Is the claim subject to offset?  | Obligations arisin report as priority clair  | g out of a separation agreement or divorce that you did   | not  |
|  | ■ No  |  | or profit-sharing plans, and other similar debts  |  |
|  | ☐ Yes   | Other. Specify   | Medical Bills   |  |
|  |   | ,, _   |   |  |

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Debtor 1 Steffan T. Pila, Sr.

| Debt | tor 2 Deborah A. Pila Case number (if know)                           |  |            |  |  |
|------|---|--|------------|--|--|
| 4.2  | Affiliated Ent Physicians   | Last 4 digits of account number  | \$31.05    |  |  |
|      | Nonpriority Creditor's Name 2441 Lake Shore Drive Woodstock, IL 60098 | When was the debt incurred?  |            |  |  |
|      | Number Street City State Zlp Code                                     | As of the date you file, the claim is: Check all that apply                                  |            |  |  |
|      | Who incurred the debt? Check one.                                     |  |            |  |  |
|      | ☐ Debtor 1 only   | ☐ Contingent   |            |  |  |
|      | Debtor 2 only   | □ Unliquidated   |            |  |  |
|      | ■ Debtor 1 and Debtor 2 only  | □ Disputed   |            |  |  |
|      | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:   |            |  |  |
|      |   | ☐ Student loans  |            |  |  |
|      | ☐ Check if this claim is for a community debt                         | ☐ Obligations arising out of a separation agreement or divorce that you did not              |            |  |  |
|      | Is the claim subject to offset?                                       | report as priority claims  |            |  |  |
|      | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                            |            |  |  |
|      | Yes   | Other. Specify Medical Bills   |            |  |  |
| 4.3  | Alexian Brothers Medical Center Nonpriority Creditor's Name           | Last 4 digits of account number  | \$1,164.00 |  |  |
|      | 800 Biesterfield Road<br>Elk Grove Village, IL 60007                  | When was the debt incurred?  |            |  |  |
|      | Number Street City State ZIp Code                                     | As of the date you file, the claim is: Check all that apply                                  |            |  |  |
|      | Who incurred the debt? Check one.                                     |  |            |  |  |
|      | Debtor 1 only   | ☐ Contingent   |            |  |  |
|      | Debtor 2 only   | ☐ Unliquidated   |            |  |  |
|      | ■ Debtor 1 and Debtor 2 only  | □ Disputed   |            |  |  |
|      | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:   |            |  |  |
|      | ☐ Check if this claim is for a community                              | ☐ Student loans  |            |  |  |
|      | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not              |            |  |  |
|      | Is the claim subject to offset?                                       | report as priority claims  |            |  |  |
|      | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                            |            |  |  |
|      | ☐ Yes   | ■ Other. Specify Medical Bills   |            |  |  |
| 4.4  | Apollo Hospitalist Group, LLC   | Last 4 digits of account number  | \$27.97    |  |  |
|      | Nonpriority Creditor's Name 25 Telser Road #1057                      | When was the debt incurred?  |            |  |  |
|      | Lake Zurich, IL 60047   |  |            |  |  |
|      | Number Street City State ZIp Code                                     | As of the date you file, the claim is: Check all that apply                                  |            |  |  |
|      | Who incurred the debt? Check one.                                     |  |            |  |  |
|      | ☐ Debtor 1 only   | ☐ Contingent   |            |  |  |
|      | Debtor 2 only   | ☐ Unliquidated   |            |  |  |
|      | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |  |  |
|      | $\square$ At least one of the debtors and another                     | Type of NONPRIORITY unsecured claim:   |            |  |  |
|      | Check if this claim is for a community                                | Student loans  |            |  |  |
|      | debt Is the claim subject to offset?                                  | Obligations arising out of a separation agreement or divorce that you did not                |            |  |  |
|      | <u> </u>  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |            |  |  |
|      | ■ No  |  |            |  |  |
|      | Yes   | Other. Specify Medical Bills   |            |  |  |

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|     | or 1 Steffan T. Pila, Sr. Deborah A. Pila                           | Case number (if know)   |            |
|-----|---|---|------------|
| 4.5 | AT&T  | Last 4 digits of account number   | \$895.00   |
|     | Nonpriority Creditor's Name PO Box 6416 Carol Stream, IL 60197      | When was the debt incurred?   | Ψοσο.σσ    |
|     | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|     | Debtor 1 only   | ☐ Contingent  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |            |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|     | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
|     | debt<br>Is the claim subject to offset?                             | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|     | ☐ Yes   | ■ Other. Specify Utilities  |            |
| 4.6 | AT&T Nonpriority Creditor's Name                                    | Last 4 digits of account number   | \$1,417.00 |
|     | PO Box 6416 Carol Stream, IL 60197                                  | When was the debt incurred?   |            |
|     | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply   |            |
|     | Who incurred the debt? Check one.                                   |   |            |
|     | ☐ Debtor 1 only   | ☐ Contingent  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |            |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|     | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community                            | Student loans   |            |
|     | debt<br>Is the claim subject to offset?                             | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|     | Yes   | ■ Other. Specify Utilities  |            |
| 4.7 | Capital One Bank USA NA Nonpriority Creditor's Name                 | Last 4 digits of account number   | \$371.00   |
|     | Attn: Bankruptcy Dept. PO Box 30281                                 | When was the debt incurred?   |            |
|     | Salt Lake City, UT 84130<br>Number Street City State Zlp Code       | As of the date you file, the claim is: Check all that apply   |            |
|     | Who incurred the debt? Check one.                                   |   |            |
|     | ■ Debtor 1 only   | ☐ Contingent  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|     | At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community debt                       | Student loans   |            |
|     | Is the claim subject to offset?                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|     | Yes   | ■ Other. Specify Credit Card Purchases  |            |
|     |   |   |            |

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|        | Steffan T. Pila, Sr. Deborah A. Pila  | Case number (if know)   |            |
|--------|---|---|------------|
| 4.8    | Capital One Bank USA NA   | Last 4 digits of account number   | \$346.00   |
| ,<br>, | Nonpriority Creditor's Name<br>Attn: Bankruptcy Dept.<br>PO Box 30281<br>Salt Lake City, UT 84130 | When was the debt incurred?   | •          |
|        | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
| ,      | Who incurred the debt? Check one.   |   |            |
|        | Debtor 1 only   | ☐ Contingent  |            |
|        | Debtor 2 only   | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|        | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|        | debt<br>Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |            |
|        | □ Yes   | ■ Other. Specify Credit Card Purchases  |            |
|        | Centegra Health System  | Last 4 digits of account number   | \$3,500.00 |
| ;      | Nonpriority Creditor's Name<br>385 Millenium Drive<br>Crystal Lake, IL 60012                      | When was the debt incurred?   |            |
|        | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
| ,      | Who incurred the debt? Check one.   |   |            |
|        | Debtor 1 only   | ☐ Contingent  |            |
|        | Debtor 2 only   | ☐ Unliquidated  |            |
|        | ■ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
| •      | debt<br>Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |            |
|        | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | □ Yes   | Other. Specify Medical Bills  |            |
| 4.1    | Centegra Hospital   | Last 4 digits of account number   | \$1,013.79 |
|        | Nonpriority Creditor's Name 4201 Medical Center Drive   | When was the debt incurred?   |            |
|        | McHenry, IL 60050  Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |            |
|        | Debtor 1 only   | ☐ Contingent  |            |
|        | Debtor 2 only   | □ Unliquidated  |            |
|        | ■ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|        | debt<br>Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |            |
|        | No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | Yes   | Other. Specify Medical Bills  |            |

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Debtor 2 Deborah A. Pila Case number (if know) 4.1 \$400.97 Comcast Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? PO Box 3005 Southeastern, PA 19398 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utilities 4.1 Commonwealth Edison \$875.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: System Credit/BK Dept. When was the debt incurred? 3 Lincoln Center 4th Floor Oakbrook Terrace, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Utilities ☐ Yes 4.1 Credit One Bank NA \$841.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? PO Box 98872 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

Debtor 1 Steffan T. Pila, Sr.

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Debtor 1 Steffan T. Pila, Sr.

| Deborah A. Pila  | Case number (if know)  |            |  |  |  |
|--|--|------------|--|--|--|
| Diamond and Leseur   | Lock 4 digits of account number  | \$3,454.0  |  |  |  |
| Nonpriority Creditor's Name<br>3431 W. Elm St.               | Last 4 digits of account number  When was the debt incurred?   | ψο, το τιο |  |  |  |
| McHenry, IL 60050  Number Street City State Zlp Code         | As of the date you file the claim is Observed that south   |            |  |  |  |
| Who incurred the debt? Check one.                            | As of the date you file, the claim is: Check all that apply  |            |  |  |  |
| Debtor 1 only  | ☐ Contingent   |            |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |            |  |  |  |
| ■ Debtor 1 and Debtor 2 only                                 | □ Disputed   |            |  |  |  |
| ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:   |            |  |  |  |
| ☐ Check if this claim is for a community                     | ☐ Student loans  |            |  |  |  |
| debt<br>Is the claim subject to offset?                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |  |  |  |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |  |  |  |
| ☐ Yes  | Other. Specify Attorney Fees   |            |  |  |  |
| Discover Bank  | Last 4 digits of account number  | \$1,500.00 |  |  |  |
| Nonpriority Creditor's Name                                  |  | . ,        |  |  |  |
| PO Box 15316   | When was the debt incurred?  |            |  |  |  |
| Wilmington, DE 19850-5316  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply  |            |  |  |  |
| Who incurred the debt? Check one.                            |  |            |  |  |  |
| Debtor 1 only  | ☐ Contingent   |            |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |            |  |  |  |
| ■ Debtor 1 and Debtor 2 only                                 | ☐ Disputed   |            |  |  |  |
| At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:   |            |  |  |  |
| ☐ Check if this claim is for a community                     | ☐ Student loans  |            |  |  |  |
| debt<br>Is the claim subject to offset?                      | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |
| No   | □ Debts to pension or profit-sharing plans, and other similar debts                                      |            |  |  |  |
|  |  |            |  |  |  |
| Yes  | ■ Other. Specify Credit Card Purchases   |            |  |  |  |
| Equitable Services, Inc.                                     | Last 4 digits of account number  | \$400.0    |  |  |  |
| Nonpriority Creditor's Name PO Box 687                       | When was the debt incurred?  |            |  |  |  |
| Skokie, IL 60076  Number Street City State Zlp Code          | As of the date you file, the claim is: Check all that apply  |            |  |  |  |
| Who incurred the debt? Check one.                            |  |            |  |  |  |
| Debtor 1 only  | ☐ Contingent   |            |  |  |  |
| Debtor 2 only  | ☐ Unliquidated   |            |  |  |  |
| ■ Debtor 1 and Debtor 2 only                                 | ☐ Disputed   |            |  |  |  |
| lacksquare At least one of the debtors and another           | Type of NONPRIORITY unsecured claim:   |            |  |  |  |
| Check if this claim is for a community                       | Student loans  |            |  |  |  |
| debt<br>Is the claim subject to offset?                      | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |
| orann oabjoor to onsor!                                      | • • •  |            |  |  |  |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |            |  |  |  |

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| Deborah A. Pila                                      | Case number (if know)   |          |
|--|---|----------|
| MEA Elk Grove LLC                                    |   | \$167.00 |
| Nonpriority Creditor's Name                          | Last 4 digits of account number   | \$107.00 |
| 800 Biesterfield Road<br>Elk Grove Village, IL 60007 | When was the debt incurred?   |          |
| Number Street City State Zlp Code                    | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                    |   |          |
| ☐ Debtor 1 only                                      | ☐ Contingent  |          |
| ☐ Debtor 2 only                                      | ☐ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only                         | ☐ Disputed  |          |
| $\square$ At least one of the debtors and another    | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community             | ☐ Student loans   |          |
| debt Is the claim subject to offset?                 | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes  | ■ Other. Specify Medical Bills  |          |
| NICL Laboratories                                    | Local Admits of consumt mumber  | \$38.00  |
| Nonpriority Creditor's Name                          | Last 4 digits of account number   | Ψ30.00   |
| 483 Mulford Road<br>Rockford, IL 61107               | When was the debt incurred?   |          |
| Number Street City State Zlp Code                    | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                    |   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| ☐ Debtor 2 only                                      | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only                           | ☐ Disputed  |          |
| $\square$ At least one of the debtors and another    | Type of NONPRIORITY unsecured claim:  |          |
| Check if this claim is for a community               | Student loans   |          |
| debt Is the claim subject to offset?                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
| ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| □Yes   | ■ Other. Specify Medical Bills  |          |
|  |   |          |
| Nicor Gas  | Last 4 digits of account number   | \$650.00 |
| Nonpriority Creditor's Name P.O. Box 549             | When was the debt incurred?   |          |
| Aurora, IL 60507  Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.                    |   |          |
| ☐ Debtor 1 only                                      | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only                         | ☐ Disputed  |          |
| ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community             | ☐ Student loans   |          |
| debt Is the claim subject to offset?                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
| ☐ Yes  | ■ Other. Specify Utilities  |          |
| -  | — очноп оробну  |          |

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| Debtor<br>Debtor | 1 Steffan T. Pila, Sr.<br>2 Deborah A. Pila                                | Case number (if know)   |          |
|------------------|--|---|----------|
| 4.2<br>0         | Northern Illinois Medical Center   | Last 4 digits of account number   | \$20.80  |
|                  | Nonpriority Creditor's Name PO Box 6203                                    | When was the debt incurred?   |          |
|                  | Carol Stream, IL 60197   |   |          |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
|                  | Who incurred the debt? Check one.  |   |          |
|                  | Debtor 1 only  | ☐ Contingent  |          |
|                  | Debtor 2 only  | ☐ Unliquidated  |          |
|                  | Debtor 1 and Debtor 2 only   | Disputed  |          |
|                  | At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |          |
|                  | ☐ Check if this claim is for a community                                   | ☐ Student loans   |          |
|                  | debt Is the claim subject to offset?                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|                  | No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|                  | Yes  | Other. Specify Medical Bills  |          |
| 4.2              | PLS Loan Store   | Last 4 digits of account number   | \$185.00 |
|                  | Nonpriority Creditor's Name<br>810 North Front Street<br>McHenry, IL 60050 | When was the debt incurred?   |          |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
|                  | Who incurred the debt? Check one.  |   |          |
|                  | ☐ Debtor 1 only  | ☐ Contingent  |          |
|                  | Debtor 2 only  | ☐ Unliquidated  |          |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|                  | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |          |
|                  | ☐ Check if this claim is for a community                                   | ☐ Student loans   |          |
|                  | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |          |
|                  | Is the claim subject to offset?  | report as priority claims   |          |
|                  | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|                  | ☐ Yes  | Other. Specify Personal Loan  |          |
| 4.2              | Progressive Leasing  | Last 4 digits of account number   | \$295.00 |
|                  | Nonpriority Creditor's Name 10619 South Jordan Gateway, Suite 1            | When was the debt incurred?   |          |
|                  | South Jordan, UT 84095   |   |          |
|                  | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |          |
|                  | Who incurred the debt? Check one.  |   |          |
|                  | Debtor 1 only  | ☐ Contingent  |          |
|                  | Debtor 2 only  | ☐ Unliquidated  |          |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|                  | ☐ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |          |
|                  | Check if this claim is for a community                                     | ☐ Student loans   |          |
|                  | debt Is the claim subject to offset?                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|                  | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|                  | ☐ Yes  | Other. Specify  Broken Lease  |          |
|                  | <b>□</b> 169   | Utner. Specify  |          |

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| 2 Deborah A. Pila  | Case number (if know)  |                 |
|--|--|-----------------|
| The Cash Store   | Last 4 digits of account number  | \$900.00        |
| Nonpriority Creditor's Name 4224 West Elm Street McHenry, IL 60050   | When was the debt incurred?  |                 |
| Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |                 |
| Who incurred the debt? Check one.                                    |  |                 |
| ☐ Debtor 1 only  | ☐ Contingent   |                 |
| ☐ Debtor 2 only  | □ Unliquidated   |                 |
| ■ Debtor 1 and Debtor 2 only   | □ Disputed   |                 |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |                 |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |                 |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |
| ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts                                      |                 |
| Yes  | Other. Specify Personal Loan   |                 |
| US Dept. of Education  |  | \$1,283.00      |
| Nonpriority Creditor's Name  | Last 4 digits of account number  | ψ1,200.00       |
| PO Box 7860<br>Madison, WI 53707                                     | When was the debt incurred?  |                 |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |                 |
| Debtor 1 only  | ☐ Contingent   |                 |
| ■ Debtor 2 only  | ☐ Unliquidated   |                 |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |                 |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |                 |
| ☐ Check if this claim is for a community                             | ■ Student loans  |                 |
| debt<br>s the claim subject to offset?                               | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |                 |
| ☐ Yes  | ☐ Other. Specify   |                 |
|  | Student Loans  |                 |
| Marinan Minalana   |  | <b>*</b> 000.00 |
| Verizon Wireless Nonpriority Creditor's Name                         | Last 4 digits of account number  | \$600.00        |
| Attn: Bankruptcy Dept. PO Box 26055                                  | When was the debt incurred?  |                 |
| Minneapolis, MN 55426  | _  |                 |
| Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |                 |
| Who incurred the debt? Check one.                                    |  |                 |
| Debtor 1 only  | ☐ Contingent   |                 |
| Debtor 2 only  | ☐ Unliquidated   |                 |
| Debtor 1 and Debtor 2 only   | Disputed   |                 |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:   |                 |
| Check if this claim is for a community                               | ☐ Student loans  |                 |
| debt<br>Is the claim subject to offset?                              | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
| No   | Debts to pension or profit-sharing plans, and other similar debts  |                 |
|  |  |                 |
| Yes  | Other. Specify Utilities   |                 |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Steffan T. Pila, Sr. Debtor 2 Deborah A. Pila Case number (if know) On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **ARS Account Resolution** Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 459079 Part 2: Creditors with Nonpriority Unsecured Claims Fort Lauderdale, FL 33345 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Centegra Health System Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6204 ■ Part 2: Creditors with Nonpriority Unsecured Claims Carol Stream, IL 60197 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Centegra Physician Care Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **PO Box 187** Part 2: Creditors with Nonpriority Unsecured Claims Bedford Park, IL 60499 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Certified Services** Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims 1733 Washington St Ste 201 Waukegan, IL 60085 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit Collection Services** Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims PO Box 9134 Needham Heights, MA 02494 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Creditors Discount & Audit** Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Company Part 2: Creditors with Nonpriority Unsecured Claims 415 East Main Street Streator, IL 61364 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Enhanced Recovery Company** Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims PO Box 57547 Jacksonville, FL 32241 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Enhanced Recovery Company** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims PO Box 57547 Jacksonville, FL 32241 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **H&R Accounts** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims PO Box 672 Moline, IL 61266-0672 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **H&R Accounts** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7017 John Deere Parkway Part 2: Creditors with Nonpriority Unsecured Claims PO Box 672 Moline, IL 61266-0672 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Steffan T. Pila, Sr.                                      | Construction (v. )   |   |  |  |  |  |
|--|--|---|--|--|--|--|
| Debtor 2 Deborah A. Pila   |  | Case number (if know)                                 |  |  |  |  |
| Harris & Harris  | Line 4.9 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| Attn: Bankruptcy Dept.<br>111 W Jackson B 400<br>Chicago, IL 60604 |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
|  | Last 4 digits of account number  |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2                                     |   |  |  |  |  |
| IC System  | Line 4.5 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims      |  |  |  |  |
| 444 Highway 96 East<br>PO Box 64378                                |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| Saint Paul, MN 55164-0378  | Last 4 digits of account number  |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 did you list the original creditor? |   |  |  |  |  |
| McHenry County Circuit Court                                       | Line 4.9 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 2200 N Seminary Ave<br>2011 SC 1382                                |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
| Woodstock, IL 60098  | Last 4 digits of account number  |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2                                     | 2 did you list the original creditor?                 |  |  |  |  |
| Midland Funding, LLC   | Line 4.13 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| Attn: Bankruptcy Dept.<br>2365 Northside Drive, Suite 300          |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
| San Diego, CA 92108  | Last 4 digits of account number  |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 did you list the original creditor? |   |  |  |  |  |
| Miramed Medical Group  | Line 4.3 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| 991 Oak Creek Dr<br>Lombard, IL 60148                              |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |  |
| Lonibard, IL 00140   | Last 4 digits of account number  |   |  |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2                                     | 2 did you list the original creditor?                 |  |  |  |  |
| US Dept. of Education/GLELSI                                       | Line <b>4.24</b> of ( <i>Check one</i> ):                              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |  |
| PO Box 7859<br>Madison, WI 53704                                   |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |  |
| maaison, 111 33707   | Last 4 digits of account number  |   |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | -  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     | -  | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 1,283.00    |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 22,192.27   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 23,475.27   |

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|                     |                          | DUGUIL            | III PAUE 37 01 00 |                    |
|---------------------|--------------------------|-------------------|-------------------|--------------------|
| Fill in this infor  | mation to identify your  | case:             |                   |                    |
| Debtor 1            | Steffan T. Pila, Sı      | r.                |                   |                    |
|                     | First Name               | Middle Name       | Last Name         |                    |
| Debtor 2            | Deborah A. Pila          |                   |                   |                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                    |
| Case number         |                          |                   |                   |                    |
| (if known)          |                          |                   |                   | ☐ Check if this is |
|                     |                          |                   |                   | amended filing     |

#### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.2 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |              | Oldic   | Zii Oodc            |   |
| 2.0 | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | <u> </u>                                |
|     | City      |              | State   | ZIP Code            | <del>_</del>                            |
| 2.4 |           |              |   |                     |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | <u> </u>                                |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.5 | Oity      |              | Olalo   | Zii Oodo            |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |

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|  |   | Docume  | ent Page 33 d   | of 66   |  |
|--|---|---|---|---|--|
| Fill in this   | information to identify your                                    | case:   |   |   |  |
| Debtor 1   | Steffan T. Pila, Sı   |   |   |   |  |
| DODIO! 1   | First Name  | Middle Name   | Last Name   |   |  |
| Debtor 2   | Deborah A. Pila   |   |   |   |  |
| (Spouse if, filin  | ng) First Name  | Middle Name   | Last Name   |   |  |
| United Stat  | tes Bankruptcy Court for the:                                   | NORTHERN DISTRICT   | OF ILLINOIS   |   |  |
| Case numb  | ner .   |   |   |   |  |
| (if known)   |   |   |   |   | ☐ Check if this is an  |
|  |   |   |   |   | amended filing   |
| Sched<br>Codebtors<br>Decople are<br>ill it out, anyour name | nd number the entries in the and case number (if known)         | re also liable for any deb<br>ally responsible for supp<br>boxes on the left. Attach<br>. Answer every question | olying correct informant the Additional Page (                          | tion. If more space is need<br>to this page. On the top o | as possible. If two married eded, copy the Additional Page, of any Additional Pages, write               |
| 1. Do y  | you have any codebtors? (If                                     | you are filing a joint case,  | do not list either spouse   | e as a codebtor.  |  |
| ■ No<br>□ Yes  |   |   |   |   |  |
| No.  Yes  3. In Column Inner                                 | 2 again as a codebtor only i                                    | use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran                          | e with you at the time?<br>spouse as a codebto<br>tor or cosigner. Make | r if your spouse is filing v                              | with you. List the person shown<br>creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fil |
| (  | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code  |   | Column 2: The credi                                       | itor to whom you owe the debt  |
|  | ,,  |   |   | Officer all soffedules                                    | ιτιαι αρριγ.   |
| 3.1  |   |   |   |   |  |
|  | Name  |   |   | ☐ Schedule E/F, line                                      | e  |
|  |   |   |   | ☐ Schedule G, line  |  |
| -  | Number Street   |   |   |   |  |
| (  | City  | State   | ZIP Code  |   |  |
|  |   |   |   | По  |  |
| 3.2  | Name  |   |   | Schedule D, line  |  |
| '  |   |   |   | ☐ Schedule E/F, line                                      | e  |
|  |   |   |   | ☐ Schedule G, line  |  |
|  | Number Street   |   |   | <del>_</del>  |  |
| (  | City  | State   | ZIP Code  |   |  |

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| Fill        | in this information to identify your o  | case:   |                                      |             |       | I                     |                           |                                      |      |
|-------------|---|---|--------------------------------------|-------------|-------|-----------------------|---------------------------|--------------------------------------|------|
|             | otor 1 Steffan T. P   |   |                                      |             |       |                       |                           |                                      |      |
|             | otor 2 Deborah A.   | Pila  |                                      |             | _     |                       |                           |                                      |      |
| Uni         | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC                                   | CT OF ILLINOIS                       |             |       |                       |                           |                                      |      |
|             | se number<br>   |   | -                                    |             |       |                       | ded filing<br>nent showin | ng postpetition chapteollowing date: | ər   |
| 0           | fficial Form 106I   |   |                                      |             |       | MM / DD/              |                           | 3                                    |      |
| S           | chedule I: Your Inc   | ome   |                                      |             |       | , 22,                 |                           | 1:                                   | 2/15 |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ur spouse is not filing w<br>On the top of any additi | ith you, do not inclu                | de infor    | matio | on about your sp      | oouse. If m               | ore space is neede                   |      |
| 1.          | Fill in your employment information.  |   | Debtor 1                             |             |       | Debtor                | 2 or non-f                | iling spouse                         |      |
|             | If you have more than one job,  | Employment status                                     | ■ Employed                           |             |       | □ Emp                 | oloyed                    |                                      |      |
|             | attach a separate page with information about additional  | Employment status                                     | ☐ Not employed                       |             |       | ■ Not                 | ■ Not employed            |                                      |      |
|             | employers.  | Occupation  |                                      |             |       |                       |                           |                                      |      |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name                                       | Three R Plastics                     | 3           |       |                       |                           |                                      |      |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address                                    | 1801 Holian Driv<br>Spring Grove, II |             |       |                       |                           |                                      |      |
|             |   | How long employed t                                   | here? <u>1 year</u>                  |             |       |                       |                           |                                      |      |
| Par         | t 2: Give Details About Mo  | nthly Income  |                                      |             |       |                       |                           |                                      |      |
|             | mate monthly income as of the cuse unless you are separated.  | late you file this form. If                           | you have nothing to re               | eport for   | any l | line, write \$0 in th | e space. In               | clude your non-filing                |      |
|             | u or your non-filing spouse have m<br>e space, attach a separate sheet to   |   | ombine the information               | n for all e | emplo | oyers for that pers   | son on the li             | ines below. If you ne                | ed   |
|             |   |   |                                      |             |       | For Debtor 1          |                           | btor 2 or<br>ing spouse              |      |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |   |                                      | 2.          | \$    | 1,719.34              | \$                        | 0.00                                 |      |
| 3.          | Estimate and list monthly over  | time pay.   |                                      | 3.          | +\$   | 0.00                  | +\$                       | 0.00                                 |      |

1,719.34

\$

0.00

Calculate gross Income. Add line 2 + line 3.

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|  | tor 1<br>tor 2   | Steffan T. Pila, Sr.<br>Deborah A. Pila  | -          | Case      | e number ( <i>if known</i> ) |             |                                  |              |
|--|--|--|------------|-----------|------------------------------|-------------|----------------------------------|--------------|
|  |  |  |            |           | r Debtor 1                   |             | r Debtor 2 or<br>n-filing spouse |              |
|  | Сор  | y line 4 here  | 4.         | \$_       | 1,719.34                     | \$_         | 0.00                             |              |
| 5.   | List   | all payroll deductions:  |            |           |                              |             |                                  |              |
|  | 5a.  | Tax, Medicare, and Social Security deductions  | 5a.        | \$        | 127.05                       | \$          | 0.00                             |              |
|  | 5b.  | Mandatory contributions for retirement plans   | 5b.        | \$_       | 0.00                         | \$          | 0.00                             |              |
|  | 5c.  | Voluntary contributions for retirement plans   | 5c.        | \$_       | 0.00                         | \$_         | 0.00                             |              |
|  | 5d.<br>5e.   | Required repayments of retirement fund loans Insurance   | 5d.        | \$_<br>\$ | 0.00                         | \$_         | 0.00                             |              |
|  | 5e.<br>5f.   | Domestic support obligations   | 5e.<br>5f. | \$<br>\$  | 323.92                       | \$<br>\$    | 0.00                             |              |
|  | 5g.  | Union dues   | 5g.        | \$        | 0.00                         | \$          | 0.00                             |              |
|  | 5h.  | Other deductions. Specify:   | 5h.+       | : -       | 0.00                         | + \$ _      | 0.00                             |              |
| 6.   | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | —<br>6.    | \$        | 450.97                       | \$          | 0.00                             |              |
| 7.   | Calc   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$        | 1,268.37                     | \$          | 0.00                             |              |
| 8.   |  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |            | · -       | .,=====                      | · <u> </u>  |                                  |              |
|  |  | monthly net income.  | 8a.        | \$_       | 0.00                         | \$_         | 0.00                             |              |
|  | 8b.  | Interest and dividends   | 8b.        | \$_       | 0.00                         | \$          | 0.00                             |              |
|  | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$_       | 0.00                         | \$_         | 0.00                             |              |
|  | 8d.  | Unemployment compensation  | 8d.        | \$_       | 0.00                         | \$_         | 0.00                             |              |
|  | 8e.  | Social Security  | 8e.        | \$_       | 0.00                         | \$_         | 1,250.00                         |              |
|  | 8f.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | 8f.        | \$_       | 0.00                         | \$_         | 0.00                             |              |
|  | 8g.  | Pension or retirement income   | 8g.        | \$_       | 0.00                         | \$_         | 0.00                             |              |
|  | 8h.  | Other monthly income. Specify: Dependent Social Security   | _ 8h.+     | \$<br>\$  | 0.00                         | + \$_<br>\$ | 572.00                           |              |
|  |  | Tax Refund Second Employment   | _          | \$-       | 500.00<br>1,300.00           | \$<br>\$    | 0.00                             |              |
| 9.   | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$_       | 1,800.00                     | \$_         | 1,822.00                         |              |
| 10.  |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$     |           | 3,068.37 + \$_               | 1,          | 822.00 = \$                      | 4,890.37     |
| 11.  | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Sch Specify: |  |            |           |                              |             |                                  |              |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies |  |  |            |           |                              |             | 12. \$                           | 4,890.37     |
| 10   | D:   | rough and an increase of decrease with in the control of the contr | •          |           |                              |             | Combin<br>monthly                | ed<br>income |
| 13.  | ■<br>00 }  | vou expect an increase or decrease within the year after you file this form<br>No.   | ſ          |           |                              |             |                                  |              |
|  |  | Yes. Explain:  |            |           |                              |             |                                  |              |

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| Fill       | in this informa            | ition to identify yo   | ur case:                |  |   |                        |             |  |  |     |
|------------|----------------------------|--|-------------------------|--|---|------------------------|-------------|--|--|-----|
| Deb        | Steffan T. Pila, Sr.       |  |                         |  |   | Check if this is:      |             |  |  |     |
| Dah        |                            |  |                         |  |   |                        |             | amended filing                                 |  | _   |
|            | otor 2<br>ouse, if filing) | Deborah A. F   | 'iia                    |  |   |                        |             |  | ving postpetition chapte<br>the following date:      | Г   |
| ``         |                            |  | NODTI                   | IEDAL DIOTDIOT OF ILLIA  | 010   |                        | N 41        | M / DD / \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |  |     |
| Unit       | ed States Banki            | ruptcy Court for the:  | NORTE                   | IERN DISTRICT OF ILLIN   | OIS   |                        | IVII        | M / DD / YYYY                                  |  |     |
|            | e number                   |  |                         |  |   |                        |             |  |  |     |
| (II KI     | nown)                      |  |                         |  |   |                        |             |  |  |     |
| Of         | fficial Fo                 | rm 106J  |                         |  |   |                        |             |  |  |     |
|            |                            | J: Your I  | Evner                   | 1808   |   |                        |             |  | 15   | 2/1 |
| Be<br>info | as complete ormation. If m | and accurate as  | possible.<br>eded, atta | . If two married people ar<br>ich another sheet to this                    |   |                        |             |  | or supplying correct                                 |     |
| Par        | t 1: Descr                 | ribe Your House  | hold                    |  |   |                        |             |  |  |     |
| 1.         | Is this a joir             | nt case?   |                         |  |   |                        |             |  |  |     |
|            | □ No. Go to                |  |                         |  |   |                        |             |  |  |     |
|            |                            | es Debtor 2 live i   | n a separa              | ate household?   |   |                        |             |  |  |     |
|            | ■ N<br>□ Y                 |  | st file Offici          | al Form 106J-2, <i>Expenses</i>  | s for Separate House                                | ehold of De            | ebtor       | 2.   |  |     |
| 2.         | Do you have                | e dependents?  | □ No                    |  |   |                        |             |  |  |     |
|            |                            |  |                         | Fill out this information for each dependent                               | Dependent's relationship to<br>Debtor 1 or Debtor 2 |                        |             | Dependent's age                                | Does dependent live with you?                        |     |
|            | Do not state the           |  |                         |  |   |                        |             |  | □ No   |     |
|            | dependents                 | names.   |                         |  | Daughter  |                        |             | 19   | ■ Yes  |     |
|            |                            |  |                         |  | Son   |                        |             | 26   | □ No<br>■ Yes  |     |
|            |                            |  |                         |  |   |                        |             |  | □ No   |     |
|            |                            |  |                         |  |   |                        |             |  | ☐ Yes  |     |
|            |                            |  |                         |  |   |                        |             |  | □ No<br>□ Yes  |     |
| 3.         |                            | oenses include   | _                       | No   |   |                        |             |  | □ Yes  |     |
|            |                            | f people other th<br>d your depender   | han 🗖                   | Yes  |   |                        |             |  |  |     |
|            | <u> </u>                   |  |                         |  |   |                        |             |  |  |     |
| Est<br>exp | imate your ex              | ate Your Ongoir<br>openses as of your address as a second to the second to | our bankrı              | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp | ou are using this fo                                | orm as a s<br>J, check | supp<br>the | lement in a Cha<br>box at the top o            | apter 13 case to report<br>f the form and fill in th | e   |
| the        | value of sucl              | h assistance and   |                         | government assistance i  |   |                        |             | Your exp                                       | oneoe  |     |
| (Off       | ficial Form 10             | )6I.)  |                         |  |   |                        |             | Tour exp                                       | C113C3   |     |
| 4.         |                            | or home ownersl<br>and any rent for the  |                         | ses for your residence. I<br>or lot.                                       | nclude first mortgage                               | e<br>4.                | \$_         |  | 1,405.00   |     |
|            | If not includ              | led in line 4:   |                         |  |   |                        |             |  |  |     |
|            | 4a. Real e                 | estate taxes   |                         |  |   | 4a.                    | \$          |  | 0.00   |     |
|            |                            | rty, homeowner's   |                         |  |   | 4b.                    | \$          |  | 0.00   |     |
|            |                            | maintenance, re<br>owner's associati   |                         | upkeep expenses  |   | 4c.<br>4d.             | _           |  | 25.00  |     |
| 5.         |                            |  |                         | our residence, such as ho  | me equity loans                                     |                        | \$<br>-     |  | 9.00<br>0.00   |     |

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| ebtor 1<br>ebtor 2 | Steffan T. Pila, Sr.<br>Deborah A. Pila   | Case num     | ber (if known)                        |                           |
|--------------------|---|--------------|---------------------------------------|---------------------------|
| 22.01 2            | Debotali A. I IIa   | Gase Hulli   | ioor (ii kiiOWII)                     |                           |
|                    | ties:   | -            | •                                     |                           |
| 6a.                | Electricity, heat, natural gas  | 6a.          | · <u> </u>                            | 250.00                    |
| 6b.                | Water, sewer, garbage collection  | 6b.          | *                                     | 160.00                    |
| 6c.                | Telephone, cell phone, Internet, satellite, and cable services  | 6c.          | ·                                     | 310.00                    |
| 6d.<br><b>Foo</b>  | Other. Specify:   | 6d.          | ·                                     | 0.00                      |
|                    | d and housekeeping supplies   | 7.           | ·                                     | 600.00                    |
|                    | dcare and children's education costs  | 8.           | \$                                    | 0.00                      |
|                    | thing, laundry, and dry cleaning  | 9.           | · · · · · · · · · · · · · · · · · · · | 100.00                    |
|                    | sonal care products and services<br>lical and dental expenses   | 10.          | ·                                     | 75.00                     |
|                    | •   | 11.          | \$                                    | 20.00                     |
|                    | nsportation. Include gas, maintenance, bus or train fare.  not include car payments.  | 12.          | \$                                    | 250.00                    |
|                    | ertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | \$                                    | 50.00                     |
|                    | ritable contributions and religious donations   | 14.          |                                       | 0.00                      |
|                    | irance.   |              |                                       |                           |
|                    | not include insurance deducted from your pay or included in lines 4 or 20.  |              |                                       |                           |
|                    | Life insurance  | 15a.         | \$                                    | 0.00                      |
|                    | Health insurance  | 15b.         | ·                                     | 0.00                      |
| 15c.               | Vehicle insurance   | 15c.         | ·                                     | 145.00                    |
|                    | Other insurance. Specify:   | 15d.         | \$                                    | 0.00                      |
|                    | es. Do not include taxes deducted from your pay or included in lines 4 or 20.   | 4.0          | •                                     |                           |
| Spe                | ·   | 16.          | \$                                    | 0.00                      |
|                    | allment or lease payments:  Car payments for Vehicle 1  | 17a.         | \$                                    | 0.00                      |
|                    | Car payments for Vehicle 2  | 17a.<br>17b. | ·                                     | 0.00                      |
|                    | Other. Specify:   | 17b.<br>17c. | ·                                     | 0.00                      |
|                    | Other. Specify:   | 17c.<br>17d. | ·                                     | 0.00                      |
|                    | r payments of alimony, maintenance, and support that you did not report as  |              | Ψ                                     | 0.00                      |
|                    | ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).   |              | \$                                    | 0.00                      |
|                    | er payments you make to support others who do not live with you.  |              | \$                                    | 0.00                      |
| Spe                | cify:   | 19.          |                                       |                           |
|                    | er real property expenses not included in lines 4 or 5 of this form or on Sch   |              |                                       |                           |
|                    | Mortgages on other property   | 20a.         | · ·                                   | 0.00                      |
| 20b                | Real estate taxes   | 20b.         | ·                                     | 0.00                      |
| 20c.               | Property, homeowner's, or renter's insurance  | 20c.         | ·                                     | 0.00                      |
|                    | Maintenance, repair, and upkeep expenses  | 20d.         | · -                                   | 0.00                      |
|                    | Homeowner's association or condominium dues   | 20e.         |                                       | 0.00                      |
| . Oth              | er: Specify: Birthdays/Holidays/Haircuts  | 21.          |                                       | 100.00                    |
| Soc                | cial Security   |              | +\$                                   | 165.00                    |
| Calo               | culate your monthly expenses  |              |                                       |                           |
|                    | Add lines 4 through 21.   |              | \$                                    | 3,664.00                  |
|                    | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$                                    |                           |
|                    | Add line 22a and 22b. The result is your monthly expenses.  |              | \$                                    | 3,664.00                  |
|                    |   |              | Ψ                                     | 3,004.00                  |
|                    | culate your monthly net income.   |              |                                       |                           |
|                    | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         |                                       | 4,890.37                  |
| 23b                | Copy your monthly expenses from line 22c above.   | 23b.         | -\$                                   | 3,664.00                  |
|                    |   |              |                                       |                           |
| 23c.               | Subtract your monthly expenses from your monthly income.  | 23c.         | \$                                    | 1,226.37                  |
|                    | The result is your <i>monthly net income</i> .  | 230.         |                                       |                           |
| For e              | you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect you find the terms of your mortages? |              |                                       | se or decrease because of |
|                    | fication to the terms of your mortgage?   |              |                                       |                           |
| <b>I</b>           |   |              |                                       |                           |
| $\Box$             | /es Explain here:   |              |                                       |                           |

| Debtor 1    Steffan T. Pila, Sr.   First Name   Middle Name   Last Name  |       |  |  |  |
|--|-------|--|--|--|
| Debtor 2 (Spouse if, filing)  Tirst Name  Middle Name  Last Name  Middle Name  Last Name  United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS  Case number (if known)  Check if this is amended filing  |       |  |  |  |
| (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the:  Case number (if known) Check if this is amended filing  Official Form 106Dec   |       |  |  |  |
| United States Bankruptcy Court for the:  Case number (if known)  Check if this is amended filing   |       |  |  |  |
| Case number (if known) Check if this is amended filing  Official Form 106Dec   |       |  |  |  |
| Official Form 106Dec   |       |  |  |  |
|  | 40/45 |  |  |  |
|  | 12/15 |  |  |  |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below   |       |  |  |  |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  |       |  |  |  |
| ■ No   |       |  |  |  |
| Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)   |       |  |  |  |
|  |       |  |  |  |
|  |       |  |  |  |
| Declaration, and Signature (Official Foundary London Properties of Signature) Declaration, and Signature (Official Foundary Properties of Signature) Declaration (Official Foundary Properties of Signature) |       |  |  |  |
| Declaration, and Signature (Official Fo  |       |  |  |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Steffan T. Pila, Sr.  X /s/ Deborah A. Pila  |       |  |  |  |

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|                 | n this inform                          | nation to identify you                     |  |  |  |   |
|-----------------|--|--|--|--|--|---|
| Debt            |  | Steffan T. Pila, S                         |  |  |  |   |
| DCDI            | OI I                                   | First Name                                 | Middle Name                                | Last Name  |  |   |
| Debt            | or 2<br>se if, filing)                 | Deborah A. Pila First Name                 | Middle Name                                | Last Name  |  |   |
|                 |  | nkruptcy Court for the:                    | NORTHERN DISTRICT (                        |  |  |   |
| Office          | eu States Da                           | ikiupicy Court for the.                    | NORTHERN DISTRICT                          | DI ILLINOIS  |  |   |
| Case<br>(if kno | e number _<br>wn)                      |  |  |  |  | heck if this is an<br>mended filing                   |
| Sta<br>Be as    | complete a                             | of Financial                               | ble. If two married people a               |  | equally responsible for sup                                    |   |
|                 |  | n). Answer every ques                      |  | this form. On the top of any   | additional pages, write you                                    | r name and case                                       |
| Part            | 1: Give D                              | etails About Your Ma                       | rital Status and Where You                 | Lived Before   |  |   |
| 1. \            | . What is your current marital status? |  |  |  |  |   |
|                 | ■ Married □ Not mar                    | ried                                       |  |  |  |   |
| 2. I            | During the la                          | ast 3 years, have you                      | lived anywhere other than                  | where you live now?  |  |   |
| <br>            | ■ No<br>□ Yes. Lis                     | t all of the places you li                 | ived in the last 3 years. Do no            | ot include where you live now  | :  |   |
|                 | Debtor 1 Pr                            | ior Address:                               | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad  | dress:   | Dates Debtor 2<br>lived there                         |
|                 |  |  |  |  | ity property state or territory<br>co, Texas, Washington and W |   |
| <br>            | ■ No<br>□ Yes. Ma                      | ike sure you fill out <i>Sch</i>           | nedule H: Your Codebtors (O                | fficial Form 106H).  |  |   |
| Part            | 2 Explai                               | n the Sources of You                       | r Income                                   |  |  |   |
| I               | Fill in the tota                       | al amount of income yo                     | u received from all jobs and a             | g a business during this yeall businesses, including parterogether, list it only once ur |  | ndar years?   |
| I               | □ No                                   |  |  |  |  |   |
|                 | ■ Yes. Fill                            | in the details.                            |  |  |  |   |
|                 |  |  | Debtor 1                                   |  | Debtor 2   |   |
|                 |  |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                    | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                 |  | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips        | \$14,283.72  | ☐ Wages, commissions, bonuses, tips                            | \$0.00  |
|                 |  |  | ☐ Operating a business                     |  | ☐ Operating a business   |   |

Official Form 107

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|   |                                     |  |   | Debtor 1   |                                 |  | Debtor 2  |                           |   |
|---|-------------------------------------|--|---|--|---------------------------------|--|---|---------------------------|---|
|   |                                     |  |   | Sources of income<br>Check all that apply.   | (befo                           | ss income<br>ore deductions and<br>usions)                           | Sources of ind<br>Check all that a                        |                           | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2015) |                                     | ■ Wages, commissions, bonuses, tips          |   | \$18,033.00  | ☐ Wages, combonuses, tips       | ımissions,   | \$0.00  |                           |   |
|   |                                     |  |   | ☐ Operating a business   |                                 |  | ☐ Operating a   | business                  |   |
|   | r the calend<br>inuary 1 to         |  |   | ■ Wages, commissions, bonuses, tips  |                                 | \$20,748.00  | ☐ Wages, combonuses, tips                                 | ımissions,                | \$0.00  |
|   |                                     |  |   | ☐ Operating a business   |                                 |  | ☐ Operating a   | business                  |   |
| 5.  | Include include and other winnings. | come regard<br>public bene<br>If you are fil | lless of wheth<br>fit payments;<br>ing a joint cas<br>he gross inco | e during this year or the two<br>ler that income is taxable. Ex-<br>pensions; rental income; intellie<br>le and you have income that you<br>me from each source separa | amples<br>rest; div<br>you rece | of other income are a idends; money collectived together, list it of | alimony; child supported from lawsuits; only once under D | royalties; ar<br>ebtor 1. |   |
|   |                                     |  |   |  |                                 |  |   |                           |   |
|   |                                     |  |   | Debtor 1<br>Sources of income<br>Describe below.   | each<br>(befo                   | ss income from<br>n source<br>ore deductions and<br>usions)          | Debtor 2<br>Sources of ind<br>Describe below              |                           | Gross income<br>(before deductions<br>and exclusions) |
|   | om January<br>date you f            |  | nt year until<br>nkruptcy:  |  |                                 | \$0.00   | Social Secur  | ity                       | \$12,500.00   |
|   | r last calen<br>nuary 1 to          |  | 31, 2015 )  |  |                                 | \$0.00   | Social Secur  | ity                       | \$15,000.00   |
|   | r the calend<br>inuary 1 to         |  |   |  |                                 | \$0.00   | Social Secur  | ity                       | \$15,000.00   |
| Pa  | rt 3: List                          | Certain Pa                                   | yments You  | Made Before You Filed for  | Bankru                          | ptcy   |   |                           |   |
| 6.  |                                     | Neither De                                   | ebtor 1 nor D   | s debts primarily consume<br>bebtor 2 has primarily consu<br>personal, family, or househo  | umer de                         | ebts. Consumer debi  | 's are defined in 11                                      | U.S.C. § 10               | 01(8) as "incurred by an                              |
|   |                                     | •  | 90 days befo  | re you filed for bankruptcy, di  | id you p                        | ay any creditor a tota   | al of \$6,425* or mo                                      | re?                       |   |
|   |                                     | □ No.  | Go to line 7  |  |                                 |  |   |                           |   |
|   |                                     | ☐ Yes  | paid that cre<br>not include  | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for th<br>t on 4/01/19 and every 3 year                                      | nts for d<br>his bank           | omestic support oblig<br>cruptcy case.                               | gations, such as cl                                       | nild support a            | and alimony. Also, do                                 |
|   | Yes.                                |  |   | r both have primarily consure you filed for bankruptcy, di   |                                 |  | al of \$600 or more                                       | ?                         |   |
|   |                                     | ■ No.  | Go to line 7  |  |                                 |  |   |                           |   |
|   |                                     | □ Yes  | include pay   | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.   |                                 |  |   |                           |   |
|   | Creditor'                           | s Name and                                   | d Address   | Dates of payme   | ent                             | Total amount paid  | Amount you still owe                                      | Was this                  | payment for   |
|   |                                     |  |   |  |                                 | paid   | 2 0 0   |                           |   |

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| Del | btor 2 <b>Deborah A. Pila</b>  |  | Cas   | e number (if known)  |                                  |   |
|-----|--|--|---|----------------------|----------------------------------|---|
| 7.  | Within 1 year before you filed for bankru, Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony. | partners; relatives of any gen in control, or owner of 20% o           | eral partners; partner<br>r more of their voting        | erships of which you | ou are a genera<br>ny managing a | Il partner; corporations<br>gent, including one for |
|     | <ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>   |  |   |                      |                                  |   |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid                                       | Amount you still owe | Reason for                       | this payment  |
| 8.  | Within 1 year before you filed for bankruinsider? Include payments on debts guaranteed or continuous payments.   |  | ments or transfer a                                     | ny property on a     | ccount of a de                   | ebt that benefited an                               |
|     | ■ No   |  |   |                      |                                  |   |
|     | Yes. List all payments to an insider   |  |   |                      | _                                |   |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid                                       | Amount you still owe | Reason for<br>Include cred       | this payment<br>itor's name                         |
| Par | rt 4: Identify Legal Actions, Repossessi   | ons, and Foreclosures  |   |                      |                                  |   |
| 9.  | Within 1 year before you filed for bankru, List all such matters, including personal injumodifications, and contract disputes.   |  |   |                      |                                  |   |
|     | Yes. Fill in the details.  |  |   |                      |                                  |   |
|     | Case title Case number   | Nature of the case   | Court or agency   |                      | Status of th                     | e case  |
|     |  | Foreclosure  | McHenry Coun<br>Court<br>2200 N Semina<br>Woodstock, IL | ry Ave               | ■ Pending □ On appe □ Conclude   |   |
|     | PNC Mortgage v. Steffan &<br>Deborah Pila<br>2014 CH   | Foreclosure  | McHenry Coun<br>Court<br>2200 N Semina<br>Woodstock, IL | ry Ave               | ■ Pending □ On appe □ Conclude   |   |
| 10. | Within 1 year before you filed for bankru<br>Check all that apply and fill in the details be   |  | erty repossessed, f                                     | oreclosed, garnis    | shed, attached                   | l, seized, or levied?                               |
|     | □ No. Go to line 11.   |  |   |                      |                                  |   |
|     | Yes. Fill in the information below.  |  |   |                      |                                  |   |
|     | Creditor Name and Address  | Describe the Property  |   | Date                 |                                  | Value of the property                               |
|     |  | Explain what happened  | Explain what happened                                   |                      |                                  | p. opc. sy  |
|     | Chase Auto Finance<br>PO Box 901076<br>Fort Worth, TX 76101  | ■ Property was reposse □ Property was foreclos □ Property was garnishe | essed.<br>ed.<br>ed.                                    | 9/21/                | /2016                            | \$10,000.00   |
|     |  | ☐ Property was attached  | d, seized or levied.                                    |                      |                                  |   |

Debtor 1

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Steffan T. Pila. Sr.

| De  | btor 2       | Deborah A. Pila  | Case number (if known) |   |                                   |                         |
|-----|--------------|--|------------------------|---|-----------------------------------|-------------------------|
| 11. | acco         | <b>unts or refuse to make a payment l</b><br>No  |                        | did any creditor, including a bank or financial in<br>you owed a debt?  | stitution, set off any a          | amounts from your       |
|     |              | Yes. Fill in the details.  | De                     | scribe the action the creditor took   | Date action was                   | Amount                  |
|     | Ciec         | and Name and Address   | De                     | scribe the action the creator took  | taken                             | Amount                  |
| 12. | court        | in 1 year before you filed for bankru<br>-appointed receiver, a custodian, c<br>No                                   |                        | ras any of your property in the possession of an er official?   | assignee for the bene             | efit of creditors, a    |
|     | _            | Yes  |                        |   |                                   |                         |
| Pai | rt 5:        | List Certain Gifts and Contribution  | ns                     |   |                                   |                         |
| 13. | Withi        | in 2 vears before you filed for bank   | ruptcy.                | did you give any gifts with a total value of more t   | han \$600 per person              | ?                       |
|     | _            | No   | ,                      | , g, g  | 4000 por porocer                  |                         |
|     |              | Yes. Fill in the details for each gift.  |                        |   |                                   |                         |
|     |              | s with a total value of more than \$6<br>person  | 00                     | Describe the gifts  | Dates you gave the gifts          | Value                   |
|     |              | son to Whom You Gave the Gift and ress:  | ŀ                      |   |                                   |                         |
| 14. | <b>=</b> 1   | in <b>2 years before you filed for bank</b><br>No<br>Yes. Fill in the details for each gift or                       |                        | did you give any gifts or contributions with a tota   | al value of more than             | \$600 to any charity?   |
|     | more<br>Chai | s or contributions to charities that<br>e than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Coo |                        | Describe what you contributed   | Dates you contributed             | Value                   |
| Pa  | rt 6:        | List Certain Losses  |                        |   |                                   |                         |
| 15. |              | in 1 year before you filed for bankrumbling?   | uptcy or               | since you filed for bankruptcy, did you lose any  | thing because of the              | it, fire, other disaste |
|     |              | No   |                        |   |                                   |                         |
|     |              | Yes. Fill in the details.  |                        |   |                                   |                         |
|     |              | cribe the property you lost and the loss occurred  |                        | ibe any insurance coverage for the loss   | Date of your loss                 | Value of property       |
|     |              |  |                        | e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.                             |                                   |                         |
| Pa  | rt 7:        | List Certain Payments or Transfer  | 's                     |   |                                   |                         |
| 16. | cons         | ulted about seeking bankruptcy or  | prepari                | id you or anyone else acting on your behalf payong a bankruptcy petition? s, or credit counseling agencies for services require |                                   | rty to anyone you       |
|     |              | No   |                        |   |                                   |                         |
|     |              | Yes. Fill in the details.  |                        |   |                                   |                         |
|     | Add:<br>Ema  | son Who Was Paid<br>ress<br>ill or website address<br>son Who Made the Payment, if Not                               | You                    | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment       |
|     | Spri<br>222  | inger Law Firm<br>2 E State St, Suite 107<br>kford, IL 61104   |                        | \$0, \$4,000.00 to be paid through the plan.  |                                   | \$0.00                  |

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Debtor 1 Steffan T. Pila, Sr. Debtor 2 Deborah A. Pila

Case number (if known)

|   | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and variansferred                            | alue of any prop            | perty                  | Date payment<br>or transfer was<br>made                 | Amount of payment                             |
|---|---|--|-----------------------------|------------------------|---|---|
|   | 001DebtorCC<br>378 Summit Ave.<br>Jersey City, NJ 07306<br>www.debtorcc.org   | \$14.95  |                             |                        | 10/3/2016   | \$14.95                                       |
| 17.   | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you like | or to make payments                                      |                             |                        | or transfer any proper                                  | ty to anyone who                              |
|   | Yes. Fill in the details.   |  |                             |                        |   |   |
|   | Person Who Was Paid<br>Address  | Description and vertransferred                           | alue of any prop            | perty                  | Date payment or transfer was made                       | Amount of payment                             |
| 40  | Mithin 2 years hefers you filed for hentry may  | did you call trade a                                     | . athamiiaa tuan            | ofor only nee          |   | than meanants                                 |
|   | Within 2 years before you filed for bankruptcy,<br>transferred in the ordinary course of your busi  |  |                             | isier any pro          | perty to anyone, other                                  | than property                                 |
| Include both outright transfers and transfers made as security (such as the granting of a security interinclude gifts and transfers that you have already listed on this statement.  No |   |  | security intere             | st or mortgage on your | property). Do not                                       |   |
|   | Yes. Fill in the details.   |  |                             |                        |   |   |
|   | Person Who Received Transfer<br>Address<br>Person's relationship to you   | Description and vo                                       |                             |                        | any property or<br>s received or debts<br>xchange       | Date transfer was made                        |
|   | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect  |  | y property to a s           | self-settled tr        | rust or similar device o                                | of which you are a                            |
|   | ■ No  |  |                             |                        |   |   |
|   | Yes. Fill in the details.   |  |                             |                        |   |   |
|   | Name of trust   | Description and v  | alue of the prop            | erty transfer          | red   | Date Transfer was made                        |
| Par   | 8: List of Certain Financial Accounts, Instru   | uments, Safe Deposit                                     | Boxes, and Sto              | orage Units            |   |   |
| 20.   | Within 1 year before you filed for bankruptcy, v  | were any financial acc                                   | counts or instru            | ıments held i          | n your name, or for yo                                  | our benefit, closed,                          |
|   | Include checking, savings, money market, or on the checking and the checking and the checking associated.  No  Yes. Fill in the details.              |  |                             |                        | hares in banks, credit                                  | unions, brokerage                             |
|   |   |  | T (                         |                        | -1  | Lasthalassa                                   |
|   |   | ast 4 digits of<br>ccount number                         | Type of accou<br>instrument | cl<br>m                | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |
| 21.   | Do you now have, or did you have within 1 yea<br>cash, or other valuables?  | ar before you filed for                                  | bankruptcy, an              | y safe depos           | it box or other deposi                                  | tory for securities,                          |
|   | ■ No<br>□ Yes. Fill in the details.   |  |                             |                        |   |   |
|   | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, State and ZIP Code) |                             | Describe the           | contents  | Do you still have it?                         |
|   |   |  |                             |                        |   |   |

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Debtor 1 Steffan T. Pila, Sr. Debtor 2 Deborah A. Pila

Case number (if known)

| 22  | Have you stored property in a storage unit or pla   | ice other than your home within 1  | vear before you filed for bankruptcy  | 2                     |  |
|-----|---|--|---------------------------------------|-----------------------|--|
| 22. |   | ioc other than your home within t  | your bollote you mou for burningploy  | •                     |  |
|     | ■ No  |  |                                       |                       |  |
|     | Yes. Fill in the details.   |  |                                       |                       |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                 | Do you still have it? |  |
| Par | 9: Identify Property You Hold or Control for S  | Someone Else   |                                       |                       |  |
| 23. | Do you hold or control any property that someon for someone.  | ne else owns? Include any proper   | ty you borrowed from, are storing for | , or hold in trust    |  |
|     | ■ No  |  |                                       |                       |  |
|     | Yes. Fill in the details.   |  |                                       |                       |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                 | Value                 |  |
| Par | 10: Give Details About Environmental Informa  | tion   |                                       |                       |  |
| For | ne purpose of Part 10, the following definitions a  | apply:   |                                       |                       |  |
| _   | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                                       |                       |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  |  |                                       |                       |  |
|     | <i>Hazardous material</i> means anything an environn<br>hazardous material, pollutant, contaminant, or s  |  | s waste, hazardous substance, toxic s | substance,            |  |
| Rep | rt all notices, releases, and proceedings that yo   | u know about, regardless of wher   | n they occurred.                      |                       |  |
|     |   |  | •                                     | outal laws            |  |
| 24. | Has any governmental unit notified you that you   | may be liable or potentially liable  | under or in violation of an environme | entai iaw ?           |  |
|     | No  |  |                                       |                       |  |
|     | Yes. Fill in the details.   |  |                                       |                       |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)                 | Environmental law, if you know it     | Date of notice        |  |
| 25. | Have you notified any governmental unit of any i  | •  |                                       |                       |  |
|     | No  |  |                                       |                       |  |
|     | ☐ Yes. Fill in the details.   |  |                                       |                       |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)                 | Environmental law, if you know it     | Date of notice        |  |
| 26. | Have you been a party in any judicial or adminis  | ,  | ronmental law? Include settlements a  | and orders.           |  |
|     | <b>-</b>  |  |                                       |                       |  |
|     | ■ No □ Yes Fill in the details  |  |                                       |                       |  |
|     | - Tool I iii iii tilo dotallo.  | Court on oneman  | Notices of the same                   | Ctatus of the         |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)              | Nature of the case                    | Status of the case    |  |
| Par | 11: Give Details About Your Business or Conr  | nections to Any Business   |                                       |                       |  |
| 27. | Within 4 years before you filed for bankruptcy, d   | id you own a business or have an   | y of the following connections to any | business?             |  |
|     | ☐ A sole proprietor or self-employed in a tr  | •  |                                       |                       |  |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnersh   | ip (LLP)                              |                       |  |
|     |   |  |                                       |                       |  |

Entered 10/11/16 10:01:33 Case 16-82377 Doc 1 Filed 10/11/16 Desc Main Page 45 of 66 Document Steffan T. Pila, Sr. Debtor 1 Debtor 2 Deborah A. Pila Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Steffan T. Pila, Sr. /s/ Deborah A. Pila Steffan T. Pila. Sr. Deborah A. Pila Signature of Debtor 1 Signature of Debtor 2 Date October 11, 2016 Date October 11, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: October 11, 2016                 | ,                          |
|--|----------------------------|
| Signed:                                |                            |
| /s/ Steffan T. Pila, Sr.               | /s/ Daniel A. Springer     |
| Steffan T. Pila, Sr.                   | Daniel A. Springer         |
|  | Attorney for the Debtor(s) |
| /s/ Deborah A. Pila                    | •                          |
| Deborah A. Pila                        |                            |
| Debtor(s)                              |                            |
| Do not sign this agreement if the amou | ints are blank             |

Do not sign this agreement if the amounts are blank.

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

|                | Steffan T. Pila, Sr.<br>Deborah A. Pila   |   | Case No.  |                                    |  |  |
|----------------|---|---|---|------------------------------------|--|--|
|                | Deborali A. I lia   | Debtor(s)   | Chapter   | 13                                 |  |  |
|                | DISCLOSURE OF COMP  | ENSATION OF ATTO  | RNEY FOR DE   | EBTOR(S)                           |  |  |
| comp           | nant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 ensation paid to me within one year before the findered on behalf of the debtor(s) in contemplation  | ling of the petition in bankruptcy  | , or agreed to be paid  | to me, for services rendered or to |  |  |
| 1              | For legal services, I have agreed to accept   |   | \$  | 4,000.00                           |  |  |
| 1              | Prior to the filing of this statement I have receive  | d   | \$  | 0.00                               |  |  |
| ]              | Balance Due   |   | \$  | 4,000.00                           |  |  |
| . The s        | ource of the compensation paid to me was:   |   |   |                                    |  |  |
| I              | ■ Debtor □ Other (specify):   |   |   |                                    |  |  |
| 3. The s       | ource of compensation to be paid to me is:  |   |   |                                    |  |  |
| I              | ■ Debtor □ Other (specify):   |   |   |                                    |  |  |
| . <b>■</b> I   | have not agreed to share the above-disclosed cor  | npensation with any other person  | unless they are mem   | bers and associates of my law firm |  |  |
|                | have agreed to share the above-disclosed compe<br>opy of the agreement, together with a list of the   |   |   |                                    |  |  |
| i. In ret      | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |   |                                    |  |  |
| b. Pr<br>c. Re | nalysis of the debtor's financial situation, and rereparation and filing of any petition, schedules, sepresentation of the debtor at the meeting of credibler provisions as needed.  Negotiations with secured creditors to reaffirmation agreements and applicate 522(f)(2)(A) for avoidance of liens on head of the secure of the | tatement of affairs and plan which<br>itors and confirmation hearing, a<br>preduce to market value; ex-<br>tions as needed; preparation | h may be required;<br>nd any adjourned hea<br>emption planning; | rings thereof;                     |  |  |
| 5. By ag       | greement with the debtor(s), the above-disclosed Representation of the debtors in any or any other adversary proceeding.  |   |   | es, relief from stay actions o     |  |  |
|                |   | CERTIFICATION   |   |                                    |  |  |
|                | ify that the foregoing is a complete statement of uptcy proceeding.   | any agreement or arrangement fo   | r payment to me for re  | epresentation of the debtor(s) in  |  |  |
| Octob          | per 11, 2016  | /s/ Daniel A. Spri  |   |                                    |  |  |
| Date           |   | <b>Daniel A. Spring</b> Signature of Attorn   |   |                                    |  |  |
|                |   | Springer Law Fir  |   |                                    |  |  |
|                |   | 2222 E State St   |   |                                    |  |  |
|                |   | Suite 107<br>Rockford, IL 611   | 04  |                                    |  |  |
|                |   | 815.312.4725  |   |                                    |  |  |
|                |   | dspringerlaw@g  | mail.com  |                                    |  |  |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: (0/10/2016

Signed:

Steffan T. Pila. Sr.

Daniel A. Springer

Attorney for the Debtor(s)

Debórah A. Pila

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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### **United States Bankruptcy Court** Northern District of Illinois

| In re | Steffan T. Pila, Sr.<br>Deborah A. Pila  |  | Case No.            |    |  |  |
|-------|--|--|---------------------|----|--|--|
|       |  | Debtor(s)  | Chapter             | 13 |  |  |
|       | V  | TERIFICATION OF CREDITOR M                       | IATRIX              |    |  |  |
|       |  | Number of  | Creditors:          | 46 |  |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of n (our) knowledge. |  |                     |    |  |  |
| Date: | October 11, 2016   | /s/ Steffan T. Pila, Sr.<br>Steffan T. Pila, Sr. |                     |    |  |  |
|       |  | Signature of Debtor                              |                     |    |  |  |
| Date: | October 11, 2016   | /s/ Deborah A. Pila  Deborah A. Pila             |                     |    |  |  |
|       |  |  | Signature of Debtor |    |  |  |
|       |  | Digitature of Debtor                             |                     |    |  |  |

Advocate Good Shepherd Hospital 2701 High Point Drive, Suite 124 Lewisville, TX 75067

Affiliated Ent Physicians 2441 Lake Shore Drive Woodstock, IL 60098

Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007

Apollo Hospitalist Group, LLC 25 Telser Road #1057 Lake Zurich, IL 60047

ARS Account Resolution PO Box 459079 Fort Lauderdale, FL 33345

AT&T PO Box 6416 Carol Stream, IL 60197

B&B Jewelry & Pawn 4005 Kane Avenue, Suite K McHenry, IL 60050

Boone Creek Homeowners Association c/o Vanguard Community Management 50 East Commerce Drive #110 Schaumburg, IL 60173

Capital One Bank USA NA Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130

Centegra Health System 385 Millenium Drive Crystal Lake, IL 60012

Centegra Health System PO Box 6204 Carol Stream, IL 60197

Centegra Hospital 4201 Medical Center Drive McHenry, IL 60050

Centegra Physician Care PO Box 187 Bedford Park, IL 60499

Certified Services Attn: Bankruptcy Dept. 1733 Washington St Ste 201 Waukegan, IL 60085

Chase Auto Finance PO Box 901076 Fort Worth, TX 76101

Comcast Attn: Bankruptcy Dept. PO Box 3005 Southeastern, PA 19398

Commonwealth Edison Attn: System Credit/BK Dept. 3 Lincoln Center 4th Floor Oakbrook Terrace, IL 60181

Credit Collection Services Attn: Bankruptcy Dept. PO Box 9134 Needham Heights, MA 02494

Credit One Bank NA Attn: Bankruptcy Dept. PO Box 98872 Las Vegas, NV 89193

Creditors Discount & Audit Company 415 East Main Street Streator, IL 61364

Diamond and Leseur 3431 W. Elm St. McHenry, IL 60050

Discover Bank PO Box 15316 Wilmington, DE 19850-5316

Enhanced Recovery Company Attn: Bankruptcy Dept. PO Box 57547 Jacksonville, FL 32241

Equitable Services, Inc. PO Box 687 Skokie, IL 60076

Freedman, Anselmo, Lindberg LLC 1771 West Diehl Road, Suite 150 Naperville, IL 60563

H&R Accounts Attn: Bankruptcy Dept. PO Box 672 Moline, IL 61266-0672

H&R Accounts 7017 John Deere Parkway PO Box 672 Moline, IL 61266-0672

Harris & Harris Attn: Bankruptcy Dept. 111 W Jackson B 400 Chicago, IL 60604

Heights Finance Corp. Attn: Bankruptcy Dept. 7707 N. Knoxville Ave #201 Peoria, IL 61614

IC System
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

McHenry County Circuit Court 2200 N Seminary Ave 2011 SC 1382 Woodstock, IL 60098 McHenry County Circuit Court 2200 N Seminary Ave 2014 CH 792 Woodstock, IL 60098

MEA Elk Grove LLC 800 Biesterfield Road Elk Grove Village, IL 60007

Midland Funding, LLC Attn: Bankruptcy Dept. 2365 Northside Drive, Suite 300 San Diego, CA 92108

Midwest Title Loans 5203 N. 2nd Street Loves Park, IL 61111

Miramed Medical Group 991 Oak Creek Dr Lombard, IL 60148

NICL Laboratories 483 Mulford Road Rockford, IL 61107

Nicor Gas P.O. Box 549 Aurora, IL 60507

Northern Illinois Medical Center PO Box 6203 Carol Stream, IL 60197

PLS Loan Store 810 North Front Street McHenry, IL 60050

PNC Mortgage PO Box 1820 Dayton, OH 45401

Progressive Leasing 10619 South Jordan Gateway, Suite 1 South Jordan, UT 84095 The Cash Store 4224 West Elm Street McHenry, IL 60050

US Dept. of Education PO Box 7860 Madison, WI 53707

US Dept. of Education/GLELSI PO Box 7859 Madison, WI 53704

Verizon Wireless Attn: Bankruptcy Dept. PO Box 26055 Minneapolis, MN 55426